INCIDENT REPORT MODULE DRAFT

2 July 2005

28 December, 2005

SWSS Project
USER REQUIREMENTS

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PbS File extract, contents.

1 INTRODUCTION

1.1 Purpose

This document describes the information and processes currently supported in the Juvenile Justice Information System (JJIS) system for incident reports. The Bureau of Juvenile Justice (BJJ) operates multiple residential treatment and detention facilities for the Michigan Department of Human Services (DHS). BJJ also contracts with private providers to provide residential treatment services. County and court operated detention facilities may also use JJIS for incident reporting. BJJ policy requires that its facilities document significant events in a written incident report. In order to store data electronically and provide various reports, BJJ requires that paper incident reports be entered into JJIS. Incident report information in JJIS for BJJ high and medium security facilities is extracted and transferred to the Performance-Based Standards (PbS) program office on a semiannual basis as part of BJJ participation in PbS. PbS is a national continuous quality improvement program for juvenile correctional facilities administered by the Council of Juvenile Correctional Administrators (CJCA).

Information is available in a number of reports. Summary reports provide the following for user-specified date range:

    A chronological summary of facility incidents;
    A chronological summary of incidents for a user-specified youth;
    A chronological summary of incidents by facility for key types of incidents (e.g restraint, injury);
    A chronological summary that links identification numbers of paper and computerized incident reports;
    A numerical count of incident by type and shift.

1.2 Target Audience

BJJ Central Office Staff
BJJ State PbS Coordinator
BJJ Quality Assurance
Treatment and Detention Facility Directors
Facility Program and Treatment Managers
Facility Shift Supervisors
Facility Quality Assurance
Facility PbS Site Coordinators

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The following personnel may also be interested:
- DHS Help Desk Personnel
- DHS Purchased Services Division
- SWSS Advanced Users
- Bureau of Juvenile Justice Policy Staff
- Bureau of Juvenile Justice Residential Trainers
- Private Agencies
- Detention Facility Staff
- Court Probation Staff
- Licensing Staff
- US Department of Justice

1.3   Approval Process and Signatures

There will be a formal approval process. The following key functional area experts, policy staff, and DIT and DHS management are asked to approve the definition of this function by their signature and date. List names, place for signature and date.

Name & Functional Area/Title	Signature	Date
Jeffrey Wenzel, Maxey Clinical Services/DOJ Compliance		
Joe Jerome, BJJ Quality Assurance		
Carol Brooks, Policy, Training, Education and Quality Assurance		
Jeff Meaton, BJJ Residential Policy Analyst		
Gwendolyn Dobrowolski, Field Policy Analyst		
Deborah Buchanan, DHS Purchased Services Division		

Merry Perkins, Juvenile Justice Information Unit		
Alice Leininger, DIT		
Kurt Warner, BJJ Fiscal & Technology Director		
Leonard Dixon, BJJ Director		
Daniel Klodt, DIT		
Nancy Presocki, DIT		
Lynn Daschle, Chief Information Officer, DIT/DHS		

2 MODULE NARRATIVE

The following definitions will be used in this module:

Incident: An event or crisis that may compromise the safety and security of staff and residents, and requires staff response and written documentation. Such events normally occur within the facility (although they may be precipitated by events outside the facility or occur while the youth is off facility grounds) and may involve staff, youth, or others. Examples include assaults, escapes, evacuations, vehicular accidents, abuse/neglect, disturbances, or riots. Incident also refers to situations of environmental risk, such as broken glass, blocked emergency exits, etc. Some incidents may be resolved without injury to staff or residents. However, some incidents may result in injury, the use of restraint(s), and/or the filing of misconduct charges that may result in punitive sanctions to youth or disciplinary action to staff.

Paper Version (PV): A written incident report documented on the approved BJJ incident report form. BJJ policy requires that each staff involved in an incident complete a PV. Therefore each incident may cause one or more PV to be generated.

Computerized Version (CV): An incident report documented in JJIS from the consolidation of the PV that were written to document the incident.

Incidents will be documented on paper incident reports as one or more PV. PV will be routed to appropriate staff within the facility for review and action. PV will be retained at the facility in archival storage in accordance with the facility retention schedule. Facility staff will consolidate the PV for each incident into the CV in the JJIS. Based on the needs of the user, individual CV or selected groups of CV may be reviewed to support facility operation and youth treatment. Groups of CV may be selected based on the youth involved, type of incident, or facility where the incident occurred. Creation of the CV also stores data in the JJIS which can be recalled for review in the form of pre-staged or ad hoc reports.

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3 NAVIGATION FLOW

3.1 Screen Interaction

The CV is created from the JJIS Client Select menu by clicking on the Current Incident Report Tab. Selecting the tab directs the user to a screen where the Create New Incident Report link is located. Selecting the link causes the first page of the CV screen to appear with a unique CV identifier at the top of the CV screen. The user enters initial incident information into this screen, then saves the CV.

Initial Information Entry-In initial information entry, the following information is documented:
   a. Facility Name
   b. Facility Incident Report Identifier (unique ID number for the CV automatically applied by the JJIS)
   c. Date Incident Occurred
   d. Time Incident Occurred
   e. Pod, Cottage, Hall, or Other Living Unit Where Primary Person Involved was Assigned
   f. Specific Location Where Incident Occurred
   g. Date Incident Documented on Paper (Date PV is written)
   h. Number of paper incident reports (PV) consolidated
   i. The unique identifying number of each paper incident report (PV) that is consolidated

This information is then saved during an initial save of the incident report. Subsequent additions, deletions, and edits are documented with later saves.

Note: Narrative entry may occur at this time or later in the consolidation process

Note: Youth, Staff, and Other Person Involved Information is entered through a link on the CV Screen (Enter Youth, Staff, or Other Person). When the user clicks on the link, a second screen appears that allows the user to select whether the entry is for Youth, Staff, or an Other Person. After a name is entered, the user may select the following options and capabilities:

Selection	Result
Save and Start Another Record	Returns back to allow adding additional Youth, Staff, or Other Persons involved in the incident.
Save and Return to Facility IR	Saves the entry and returns the user to the First CV Screen
Close without Saving and return to Facility IR	Does not save, but returns the user to the First CV Screen

User may exit the IR process without saving by selecting the "x" in the upper right hand corner of the browser page.

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Youth Involved Documentation-In Youth Involved Documentation, the following information is documented:
   a. Name(s) of Youth Involved in the Incident
   b. Number of Youth Involved in the Incident
   c. Identification of Primary Person Involved if this person is a youth.

The user may choose to enter all youth involved before proceeding to youth specific data entry (restraint, room confinement, interventions, due process, and injury) or the user may enter a youth and the youth specific data and then return to enter additional youth. Because not all information may be known that the time of incident entry into the JJIS, characteristic information relevant to a particular youth may require adding or editing at a later time. For example, a youth may be confined in room confinement when the CEV is initially produced. When the period of confinement is ended, the information will require an edit to enter the date and time when the room confinement is ended.

Note: Historically, the incident report was focused on youth activities and behavior. While it is possible a staff or other person can be the primary person in the incident, the large majority of primary persons in incidents are youth. The primary person involved is considered the main actor or primary force who presence, actions, or behavior led to an incident occurring. For fights, which are mutually instigated, one youth is assigned primary status arbitrarily absent other criteria. There is one Primary Person Involved per incident report.

Staff Involved Documentation-In Staff Involved Documentation, the following information is documented.
   a. Names of Staff Involved in the Incident
   b. Number of Staff Involved in the Incident
   c. Identification of Primary Person Involved if this person is a staff.

The user may choose to enter all staff involved before proceeding to staff specific data entry (injury, medical treatment) or they may enter a staff and the staff specific data and then return to enter additional staff or youth. Because not all information may be known that the time of incident entry into the JJIS, characteristic information relevant to a particular staff may require adding or editing at a later time.

Note: In order to enter Other Persons Involved information, the process is similar to staff information entry.

Consolidation of PV into CV- Designated facility staff must consolidate the information from the PV for the incident into the CV in the JJIS. Where only one PV exists, this consists of a duplication of the narrative and coding of the PV in the CV. Where multiple PV for the incident exist, the designated staff applies consolidation guidelines to convert the multiple PV into a single CV in the JJIS. To consolidate multiple narratives, the designated staff selects what they consider the best narrative and transcribes this narrative into the CV. To consolidate multiple PV, the non-duplicated sum (union) of all PV characteristics is entered into the CV.

Note: The CV is considered a summary and reflection of all consolidated PV. PV submitted for consolidation are assumed to represent a complete and accurate recounting of factual observations that have been reviewed by a supervisor. If questions arise during consolidation regarding PV content, issues with PV content should be resolved first and then reflected in the CV.

Narrative Entry-In narrative entry, the incident is described in terms of events that occurred, roles of staff and youth, nature of any injuries and medical treatment, and other pertinent characteristics. Narrative content should support the characteristic coding and provide additional information that may be relevant but not captured in characteristic coding. For example, "Youth Sam Jones tripped during a basketball game and sprained his left wrist. Game was stopped and staff Bob Bennett responded by administering First Aid. Staff Clare Carson scheduled Jones for X-ray at Clinic at 3PM." The characteristic coding (discussed later) would support a description of youth injury related to athletics with first aid, but the information of tripping during a basketball game would only be found in the narrative.

Characteristic Coding-In characteristic coding, the user answers if key incident types occurred. Incidents may include one or more types and incident types may apply to one or more youth or staff. The following characteristics are relevant:

a. Staff Assaulted by Youth
b. Youth Assaulted by Youth
c. Youth Assaulted by Staff
d. Youth on Youth Fight
e. Staff Threatened by Youth
f. Youth Threatened by Youth
g. Suicide
h. Suicidal Behavior
i. Self-Injurious Behavior
j. Suicide Ideation
k. Scarring/Tattooing
l. Damage to Property
m. Theft
n. Weapon(s) Seized
o. Illegal Drug and/or Alcohol Seized
p. Other Contraband Seized
q. Escape
r. Attempted Escape
s. Failure to Comply with Program
t. Inappropriate Sexual Behavior
u. Inappropriate Language
v. Horseplay
w. Other Misconduct
x. Fire
y. Lost Keys
z. Lost Tools
aa. Youth(s) Restrained
bb. Injury
cc. Seen by Medical Staff

dd. Isolation or Room Confinement
ee. Segregation Dorm or Special Management Unit
ff. Refused Medication
gg. Environmental Health or Safety Problem
hh. Due Process Hearing Requested by Supervisor
ii. Other

For consolidation of multiple paper versions (PV) of the same incident, the consolidation process assumes that the information on the paper versions is complete and correct. The staff conducting the consolidation uses a union function to merge the paper version characteristics into the CEV. For example:

PV 1 Failure to Comply with Program
PV 2 Failure to Comply with Program and Refused Medication
PV 3 Youth on Staff Assault
PV 4 Youth on Staff Assault, Restraint, Refused Medication

The CV should be coded with Failure to Comply with Program, Refused Medication, Youth on Staff Assault, Restraint

Coding of Youth Specific Key Characteristics (Interventions/Restraint/Room Confinement/Isolation/Injury/Seen by Medical/Segregation/Due Process/Interventions-In amplification of key characteristics, additional information is documented for certain characteristics.

a. For each youth that is restrained in the incident, restraint type must also be documented from the following types: (More than one type of restraint may be applicable.)
   1) Physical restraint
   2) Chemical restraint (Included per PbS incident report criteria, use of these restraints is not authorized within BJJ)
   3) Mechanical restraint
   4) Other restraint
   5) Restraint chair/bed (Included per PbS incident report criteria, use of this restraint is not authorized within BJJ)
   6) Peer assisted restraint (Included per PbS incident report criteria, use of this restraint is not authorized within BJJ)
   7) Restraint Type Not Recorded

b. For each person that is injured in an incident, the Injured Person Type must be indicated as one of the following:
   1) Staff
   2) Youth
   3) Visitor
   4) Volunteer
   5) Injured Person Type Not Recorded

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For each person injured in an incident, the Injury Source must be indicated as one of the following:
1) Physical restraints
2) Mechanical restraints
3) Chemical restraints
4) Restraint chair
5) Restraint bed
6) Other restraint
7) Assaulted by youth
8) Assaulted by staff
9) Accident (recreation)
10) Accident (horseplay)
11) Accident (other)
12) Self-harm
13) Tattooing
14) Peer-assisted restraint
15) Injury Source Not Reported.
16) Other

c. For each youth that is seen by medical staff, the Reason for Youth Examination must be indicated as one of the following:
1) Physical restraints
2) Mechanical restraints
3) Chemical restraints
4) Restraint chair
5) Restraint bed
6) Other restraint
7) Assaulted by youth
8) Assaulted by staff
9) Accident (recreation)
10) Accident (horseplay)
11) Accident (other)
12) Self-harm
13) Tattooing
14) Injury
15) Fight
16) Other
17) Peer assisted restraint
18) Reason for Youth Examination Not Recorded

The date youth is seen by medical staff must also be recorded.

    d. For each youth subjected to room confinement (confinement or isolation), the following information must be documented:
1) Room Type used (Confinement= use of youth assigned room, Isolation= use of any other room)
2) Reason for Isolation or Room Confinement (Behavior Management, Due Process Isolation, Suicide Watch, Intake Watch, or Medical Watch.
3) Date In (date when isolation or room confinement began)
4) Time In (time when isolation or room confinement began)
5) AM/PM (for time in)
6) Date Out (date when isolation or room confinement ends)
7) Time Out (Time when isolation or room confinement ends)
8) AM/PM (for time out)

For some incidents, more than one youth may be isolated or confined. In some incidents involving multiple youth, some youth may be confined and some youth may be isolated within the same incident. The criteria for isolation and confinement is that confinement occurs within the youth's assigned room while isolation occurs within a room other than the one the youth is assigned for sleeping purposes. Any occurrence during an incident where the Room Type or Reason for Isolation or Room Confinement changes ends one period of room confinement and starts another. For example, if the youth enters an isolation room at 9AM for behavior management and then leaves the isolation to go to his own room at 11AM and enters his own room at 1105AM, then leaves his own room to return to the group at 3PM, there is one period of isolation for behavior management from 9AM to 11AM and a second period from 1105AM to 3PM.

e. A Segregation Dorm or Special Management Unit refers to a designated dormitory for placing youth with special disciplinary, medical handicap or protective reasons, based on facility policy or practice. Use of such a location occurs in facilities where policy dictates that youth be transferred in order not to affect, disrupt, or interfere with the programming needs of other residents. The use of a Segregation Dorm/Special Management Unit is a PbS feature that is currently not used by BJJ. However, based on the use of Special Behavior Plans at Woodland Center and possible use at Adrian Training School, establishing a Segregation Dorm or Special Management Unit in the future may be a future option. For each youth where the characteristic for a Segregation Dorm or Special Management Unit is checked, the following information must be documented:

1) Date In (date when use of Segregation Dorm or Special Management Unit begins)
2) Time In (time when use of Segregation Dorm or Special Management Unit begins)
3) Date Out (date when use of Segregation Dorm or Special Management Unit ends)
4) Time Out (time when use of Segregation Dorm or Special Management Unit ends)
5) Average Total Recreation Time in Hours per day (nearest 0.1 Hour) during the youth's assignment where the youth was not confined.
6) Average Total Programming Time in Hours (nearest 0.1 Hour) during the youth's assignment where the youth was not confined.

f. For each youth where one or more treatment interventions are employed, indicate which interventions were employed: (More than one may be used.)
1) Verbal De-escalation
2) Writing Assignment
3) Restricted Activity
4) Separation from group
5) Physical Management
6) Behavior Management
7) Post counseling

Identification of Reporter, Consolidating Staff, and Supervisory Review. In this process the following staff are identified

1) Person writing the incident report paper version (PV), signature block, and date
2) Supervisor who reviewed the PV, signature block, and date
3) Person who created the computer version (CV)
4) Person who supervised the CV creator
5) Facility Superintendent or Administrator

3.2 System Flow

When a youth arrives at a facility, the youth is assigned to a treatment manager or case worker. If the youth is not entered into the JJIS, facility staff enter the youth into the system. This provides necessary information that will make it possible to access the youth for entry into an incident report.

4   REQUIREMENTS LIST

	TESTED?
IR-4.1 MODULE REQUIREMENTS:	
IR-4.1 There should be an Incident Report Screen and incident reports must be printable with appropriate borders, font, and pagination.	
IR-4.2 The user's access identification and facility association should automatically limit the user to entering incident reports on only appropriate facilities (the user's facility or facilities where the user has been granted access).	
IR-4.3 The incident report should support entry of the date of the incident, time of the incident, date that the incident was logged, the assignment location of the primary youth, and the location where the incident occurred. Each incident report must have a unique identifying number that includes the month, day, and time that the IR was created in the JJIS.	
IR-4.4 Users should be able to view incident reports from youth that occurred while the youth was at prior facilities (One year lookback)	
IR-4.5 There should be a capability to generate new incident reports and edit current incident reports. The names of persons editing and saving incident reports should be documented within the application	
IR-4.6 When a user edits incident report data, edit details should be retrievable for review to include field(s) edited, date/time of edit, person making edit, and previous and current field values.	
IR-4.7 There should be a training functionality that allows users to practice using the module with dummy data that does not impact the live/production database.	
IR-4.8 There should be a capability to delete incident reports, but this capability should be administratively limited and the identity of persons accomplishing the deletions should be documented along with the reason for doing so and the date/time when deletions occurred. Deleted incident reports should be removed from the user's view, but stored for future reference.	
IR-4.9 Facility names, living unit, and incident locations should be from an approved menu/table of terms. The table should be editable by the System Administrator.	
IR-4.10 There should be a report that summarizes the PV that were used to form each CV and which CV lack the correct number of PV. This report should also compare date/time of the incident with date/time of creation of the CV.	

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The report should summarize the number of reports reviewed and provide percentages of reports that became CV within 24 hours, within 168 hours, and that took longer than 168 hours.
 	
IR-4.11   The incident report should include a written narrative and data elements that document if certain incident types occurred. The narrative should spell check.
 	
IR-4.12 The incident report should include provisions to document the names and numbers of youth, staff, and other persons involved in the incident. The incident report should include edits that ensure that numbers of name by count and by names match.
 	
IR-4.13 The incident report should include the following summation areas:
1. Summation for Youth Involved in the Incident
   a. Edit link for each youth listed that takes the user to a screen to edit that information
   b. Name and ID number of each youth involved
   c. Yes/No as to whether youth received Professional Medical Attention
   d. If restraints are applied to the youth, indicate the time restraints first applied
   e. If restraints applied to the youth, duration of the longest restraint
   f. If youth isolated or confined, date and time started
   g. If youth isolated or confined, duration of isolation or confinement
   g. Yes/No as to whether youth is Primary Person Involved in Incident
2. Summation of Staff Involved in the Incident
   a. Edit link for each staff listed that takes the user to a screen to edit that information
   b. Staff name
   c. Yes/No as to whether staff experienced an other injury (other than medical emergency or victim of assault)
   d. Yes/No as to whether staff experienced a medical emergency
   e. Yes/No as to whether staff was the victim of an assault
   f. Yes/No as to whether staff received Professional Medical Attention
   g. Yes/No as to whether staff was the Primary Person Involved in Incident
3. Summation of Restraints
   a. Name and ID number of each youth restrained
   b. Type(s) of restraint)
4. Summation of Isolation/Confinements
   a. Name and ID number of each youth isolated/confined
   b. Type or Room (Own room/Isolation Room)
   c. Reason for Isolation/Confinement
5. Summary of Interventions
   a. Name and ID number of youth with at least one intervention applied
   b. Name of interventions applied	

IR-4.14 The incident report should include provisions for documentation of restraints of youth. Multiple youth may be restrained in one incident. Youth may be subject to physical or mechanical restraint or both during an incident. If mechanically restrained, youth may be restrained by the hands/arms or feet/legs or both. Documentation of time start, time stop, and duration of any restraint is required. The names and titles of staff involved in applying the restraint, the names and titles of staff supervising the restraint, the names and titles of staff approving the restraint, and the dates and times when the restraint was approved and reviewed also need to be documented. IR-4.15 The incident report should include provisions for documentation of room confinement. Room confinement may occur in two types of rooms; either the youth's assigned room or an isolation room or both. Room confinement may also occur for five different reasons (Behavior Management, Due Process Isolation, Suicide Watch, Medical Watch, or Intake Watch). Documentation of the date/time start and date/time end and duration of each room use in terms of Room Type and Reason is desired. Incidents may involve multiple youth being placed in room confinements of various Room Types for Various Reasons. Time start, time stop, and duration of any room confinement is required. IR-4.16 The incident report should include provisions for documentation of the use of a Segregation Dorm or Special Management Unit. See requirements for IR-4.15 and the Glossary in this requirements document for definitions of Segregation Dorm or Special Management Unit. IR-4.17 The incident report should include provisions that document the occurrence of injuries, including name of person injured, type of person injured, type of injury, injury source, and whether medical staff were seen and when they were seen (date). Injuries may occur to youth and/or staff as part of the same incident report. IR-4.18 The incident report should include provisions that document the requirement for and execution of a Due Process System for youth that includes alleged charges/offense violations, due process hearing date/time/hearing official, hearing results/charge disposition, potential implementation of due process isolation as a consequence, and documentation of an appeal process. IR-4.19 The incident report should include provisions for documenting interventions used by staff in providing treatment services to the youth IR-4.20 The incident report should include provisions that document details of medication related problems including youth medication refusals and medication supply problems. IR-4.21 The incident report should include provisions that document medical issues and treatment provided including first aid, clinical referral, non-prescription medication, use of a life-safety unit, and referral to off-site medical providers. This capability should include provision for a user-entered narrative to provide additional medical information. IR-4.22 The incident report should include provisions for a corrective action function that allows administrative	

identification of each CV that requires a corrective action plan and allows entry of actions taken as part of the plan and the date of resolution/completion of the corrective action.. IR-4.23 The Incident Report should have sufficient edits to prevent nonsensical date and time entries in the initial information field prior to the first save. No entry of future incidents is allowed. IR-4.24. The Incident Report should alert the first and most recent person to save the CV by email if any youth has been in room confinement for 72 hours or more in succession. IR-4.25 There should be a report, Facility Incidents for the Date Range. Date range should be a parameter set by the user. The report provides a chronological listing of incident reports for the facility including incident date, time, first 50 narrative characters, and a link which directs the user to the incident report. Report from Data Warehouse. IR-4.26 There should be a report, Youth Incidents for the Date Range. Date range should be a parameter set by the user. This report provides a chronological listing of incident reports for a particular youth within a date range and includes date, time, and the first 50 characters of narrative as well as a link that allows opening the report. Report from Data Warehouse. IR-4.27 There should be a report based on date range that chronologically display incidents based on key characteristics including physical restraints, mechanical restraints, injuries, suicidal behavior, isolation/confinement, contraband, and youth misconduct (escape, attempted escape, medication refusal, sexual misconduct, horseplay). Date range should be a parameter set by the user. Report from Data Warehouse. IR-4.28 Where reports print out numerical totals of incident, users should have the option to print out population-based incident rates based on the incident totals and youth population during the period of interest. IR-4.29 Each incident report characteristic field should have a definition available within the screen to allow ready reference. These definitions may be suppressed for user convenience at the user discretion. For example, youth on youth assault, fight, escape, etc.)	
IR-4.30 Initial Information Entry	
IR-4.30.1 Number of Paper IR (Integral from 1-12)(1,2,3,…12)(This is the number of Paper Versions (PV) that document the incident)	
IR-4.30.2 Paper IR Numbers (Unique PV identifier, each ID number is a minimum of 10 digits and maximum of 12)	
IR-4.30.3 Facility Name (Set by the User Provider ID, some users may have more than one facility name)	
IR-4.30.4 Living Unit/Hall/Pod/Wing (text field)(Where the Primary Person Involved is Assigned)(List of living units with pick arrow)	
IR-4.30.5 Specific Facility Location in which the incident occurred (List of facility locations with pick arrow)	

IR-4.30.6 Incident Date (MO/DA/YYYY)	
IR-4.30.7 Incident Time (HH:MM) 24 hour clock	
IR-4.30.8 Date Paper IR Completed (MO/DA/YYYY)	
IR-4.30.9 Save Pushbutton (Allows saving of information)(User may choose to close without saving by using the Browser X button in the upper right hand corner of the screen)(This initial save returns the user to the incident report. Subsequent saves using Save Pushbutton Save and Close the incident report.)	
IR-4.30.10 (After initial save) Add/Edit/Delete Youth/Staff/Others Link (allows entering youth, staff, others involved in incident	
IR-4.31 Youth, Staff, Other Persons Involved Section (Youth, Staff, and Other Persons are entered individually and saved	
IR-4.31.1 Radio button three way choice selection (Youth, Staff, Other Person). (Allows selecting type of involved person to be entered	
IR-4.31.1.1 Youth Involved Information (Information includes the name of the youth and youth ID number; gender information will be linked to the youth for reporting but need not display)(Current JJIS pulls this name by having using type first few characters of youth last name and then select from menu of choices)	
IR-4.31.1.2 Save and Start Another Record (Saves the youth entered and allows entry of a subsequent youth, staff, or other	
IR4-31.1.3 Save and Return to Facility IR (Saves the record and returns user to front page of IR)	
IR-4.31.1.4 Close without Saving and Return to Facility IR (No save, returns user to front page of IR)	
IR-4.31.1.5 Youth Involved Count (Number count of youth involved entered by staff)(Integral 0-20)	
IR-4.31.2.1 Staff Involved Information (Information for staff is a text entry of staff name, entry personnel are relied on for correct spelling.	
IR-4.31.2.2 Save and Start Another Record (Saves the youth entered and allows entry of a subsequent youth, staff, or other	
IR4-31.2.3 Save and Return to Facility IR (Saves the record and returns user to front page of IR)	
IR-4.31.2.4 Close without Saving and Return to Facility IR (No save, returns user to front page of IR)	
IR-4.31.2.5 Staff Involved Count (Number count of staff involved entered by staff)(Integral 0-20)	
IR-4.31.3.1 Other Person Involved Information (including manual refresh of staff or other person data and manual refresh of all youth, staff, other person data.	
IR-4.31.3.2 Save and Start Another Record (Saves the youth entered and allows entry of a subsequent youth,	

staff, or other	
IR4-31.3.3 Save and Return to Facility IR (Saves the record and returns user to front page of IR)	
IR-4.31.3.4 Close without Saving and Return to Facility IR (No save, returns user to front page of IR)	
IR-4.31.2.5 Other Person Involved Count (Number count of staff involved entered by staff)(Integral 0-20)	
IR-4.32 Incident Details Section	
IR-4.32.1 Incident Details (Text information regarding the incident including situation leading to it)	
IR-4.33 Incident Writing and Review Section	
IR-4.33.1 Report Written By (Name of designated staff assigned to convert PV to CV).	
IR-4.33.2 Shift Supervisor (Person who supervises Report Written By)	
IR-4.33.3 Superintendent Remarks (Facility Administrator/Director) (text remarks)	
IR-4.33.4 Superintendent Signature (Facility Administrator/Director review of IR)	
IR-4.33.5 Superintendent Signature Date (Date of Facility Administrator Review)(DA/MO/YYYY)	
IR-4.33.6 Reporting Staff Signature (Staff who wrote the paper report)(Not the Consolidating Staff)	
IR-4.33.7 Reporting Staff Name	
IR-4.33.8 Report Date (DA/MO/YYYY)	
IR-4.33.9 Supervisor Signature (Supervisor who reviewed the paper report)	
IR-4.33.10 Supervisor Name	
IR-4.33.11 Supervisor Date (DA/MO/YYYY)	
IR-4.34.1 Link to Corrective Action Plan Subsection	
IR-4.34.2 Corrective Action Plan Required)(Yes/No)?	
IR-4.35 Incident Characteristics (Yes/No if event occurred during the incident) Characteristics are organized in the following categories: Interventions, Restraint, Room Confinement, Due Process, Injury, Illness, Youth Misconduct, Assaults, Security/Contraband, Suicide-Related, and Property. For Interventions, Restraint, Room Confinement, Due	

Process, Injury, and Illness, the questions must be answered for each youth involved. For injuries, the question must be answered for each youth, staff, or other person involved.	
IR-4.35.1 Youth Involved in Incident (Name and Youth ID Number of each youth involved)	
IR-4.35.1.1 Is this youth the primary person (Yes/No)?(Default to No)	
Youth Specific Subsection (These questions are answered for each youth listed as involved in the incident)(Default yes/no=NO and default time is 0000.	
IR-4.35.2.1 Intervention/Verbal De-escalation (Yes/No)?	
IR-4.35.2.2 Intervention/Writing Assignment (Yes/No)?	
IR-4.35.2.3 Intervention/Restricted Activity (Yes/No)? (Limits on activities set by treatment team)	
IR-4.35.2.4 Intervention/Separation from group (Yes/No)? (Used if separate, but not room confinement)	
IR-4.35.2.5 Intervention/Physical Management (Yes/No)? (Physical/mechanical restraint, room confinement)	
IR-4.35.2.6 Intervention/Behavior Management (Yes/No)?(Approved actions to change behavior)	
IR-4.35.2.7 Intervention/Post counseling (Yes/No)? (Counseling that occurs after a significant event)	
IR 4.35.3 Youth Restrained (Yes/No)?(Answer for each youth involved in the incident, default to No)	
IR-4.35.3.1 Physical Restraint (Yes/No)?	
IR-4.35.3.1.1 Name of Staff Applying Physical Restraint (up to N staff where N=1-10)	
IR-4.35.3.1.2 Name of Staff Authorizing Physical Restraint	
IR-4.35.3.1.3 Physical Restraint Authorizing Staff Title (List with Pick Arrow) (DOJ 11 August Request)(Suggested list: Program Manager, Shift Supervisor, On-site Supervisor, Treatment Manager, Direct Care Staff, Other)	
IR-4.35.3.1.4 Physical Restraint Reviewed by (Name of staff reviewing the restraint)(DOJ 11 August Request)	
IR-4.35.3.1.5 Physical Restraint Reviewing Staff Title (List with Pick Arrow) (DOJ 11 August Request)(Suggested list: Program Manager, Shift Supervisor, On-site Supervisor, Treatment Manager, Direct Care Staff, Other)	
IR-4.35.3.1.6 Physical Restraint Date (MO/DA/YYYY)	
IR-4.35.3.1.7 Physical Restraint Start Time (HH:MM) (MM to nearest minute)	
IR-4.35.3.1.8 Physical Restraint End Time (HH:MM) (MM to nearest minute)	
IR-4.35.3.1.9 Supervisor Notified of Physical Restraint Time (HH:MM)	
IR-4.35.3.1.10 Physical Restraint Duration (HH:MM)(Duration to nearest minute)	

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IR-4.35.3.1.11 Supervisor Authorized Physical Restraint Date (MO/DA/YYYY)	
IR-4.35.3.1.12 Supervisor Authorized Physical Restraint Time (HH:MM)(Nearest minute)	
IR-4.35.3.1.13 Supervisor Reviewed Physical Restraint Incident Date (DA/MO/YYYY)	
IR-4.35.3.1.14 Did physical restraint occur in a location other than the incident location (Yes/No)? (DOJ 11 August Request). This element allows for the case where the incident occurs at one location and the physical restraint occurs elsewhere	
IR-4.35.3.1.15 If physical restraint occurred elsewhere, describe. (Text, DOJ 11 August Request)	
Note: Only one physical restraint per youth per incident is contemplated, however, there should be the capacity to document two physical restraints per youth per incident.	
IR-4.35.3.1.18 Reason for physical restraint (List with Pick Arrow)(DOJ 11 August) Request)(List: Self-defense, Human Protection, Property Damage, Escape, Behavior Management)	
IR-4.35.3.2 Mechanical Restraint (Yes/No)?(Asked for each youth involved in incident)(A mechanical restraint occurs when mechanical restraints are applied to hand/arms or feet/legs or both.	
IR-4.35.3.2.1 Mechanical Restraint Applied to Hands/Arms (Yes/No)? (For example, handcuffs)	
IR-4.35.3.2.2 Mechanical Restraint Applied to Hands/Arms Start Time (HH:MM)(If Restraint Applied to Hands/Arms=No, Default value is 00:00)	
IR-4.35.3.2.3 Mechanical Restraint Applied to Hands/Arms End Time (HH:MM)(If Restraint Applied to Hands/Arms=No, Default value is 00:00)	
IR4.35.3.2.4-Mechanical Restraint Applied to Hands/Arms Duration (HH:MM)(If Restraint Applied to Hands/Arms=No, Default value is 00:00)(The longest restraint in terms of duration, Hands/Arms, Feet/Legs, or Physical Restraint is also displayed for each youth restrained.	
IR-4.35.3.2.5 Mechanical Restraint Applied to Feet/Legs (Yes/No)?	
IR-4.35.3.2.6 Mechanical Restraint Applied to Feet/Legs Start Time (HH:MM)(If Restraint Applied to Feet/Legs=No, Default value is 00:00)	
IR-4.35.3.2.7 Mechanical Restraint Applied to Feet/Legs End Time (HH:MM)(If Restraint Applied to Feet/Legs=No, Default value is 00:00.	
IR-4.35.3.2.8 Mechanical Restraint Applied to Feet/Legs Duration (HH:MM)(If Restraint Applied to Feet/Legs=No, Default value is 00:00)(The longest restraint in terms of duration, Hands/Arms, Feet/Legs, or Physical Restraint is also displayed for each youth restrained.	
IR-4.35.3.2.9 Mechanical Restraint Authorized by Name (Name of staff approving the restraint)(Restraint approval may come after the restraint) (DOJ 11 August Request)	
IR-4.35.3.2.10 Mechanical Restraint Authorizing Authority Title (List with Pick Arrow) (DOJ 11 August Request) (List: Program Manager, Shift Supervisor, On-site Supervisor, Treatment Manager, Direct Care Staff, Other)	
IR-4.35.3.2.11 Time Mechanical Restraint Authorized (HH:MM)	
IR-4.35.3.2.11 Mechanical Restraint Reviewed by Name (Name of staff reviewing the restraint) (DOJ 11 August Request)	
IR-4.35.3.2.12 Mechanical Restraint Reviewed by Title (List: Program Manager, Shift Supervisor, On-site	

Supervisor, Treatment Manager, Direct Care Staff, Other))	
IR-4.35.3.2.13 Did Mechanical restraint occur in a location other than the incident location (Yes/No)? (DOJ 11 August Request). This element allows for the case where the incident occurs at one location and the mechanical restraint occurs elsewhere	
IR-4.35.3.2.14 If Mechanical restraint occurred elsewhere, describe. (Text, DOJ 11 August Request)	
Note: Only one Mechanical restraint per youth per incident is contemplated, however, there should be the capacity to document two Mechanical restraints per youth per incident. (One mechanical restraint is one application of mechanical restraints to hands/arms or feet/legs or both)	
IR-4.35.3.2.15 Reason for Mechanical restraint (List with Pick Arrow) (DOJ 11 August Request) (List: Self- defense, Human protection, Property damage, Escape, Behavior Management)	
IR-4.35.3.2.16 Restraint Type Not Recorded (Yes/No)? (Default to No; say Yes if there is a restraint, but the IR information does not support determination of restraint type (Physical or Mechanical).	
IR-Youth in Room Confinement Subsection (Applies to both confinement (use of youth own room) and (use of room other than youth own room)(Changing the reason for room confinement or type of room should cause the previous room confinement to end and a new period to start. Such an event may occur multiple times during the incident	
IR-4.35.4.1 Room Confinement for this youth (Yes/No)?	
IR-4.35.4.1.1 Reason for Room Confinement (List with Pick Arrow)(List: Behavior Management, Due Process Isolation, Suicide Watch, Intake Watch, Medical Watch)	
IR-4.35.4.1.2 Type of Room (List with Pick Arrow)(List: Own Room, Isolation Room)(Room Confinement split between confinement in the youth's own room and isolation which occurs in a room other than the room to which the youth is normally assigned.	
IR-4.35.4.1.3 Date of Room Confinement Start (DA/MO/YYYY)	
IR-4.35.4.1.4 Time of Room Confinement Start (HH:MM)	
IR-4.35.4.1.5 Date of Room Confinement End (DA/MO/YYYY)	
IR-4.35.4.1.6 Time of Room Confinement End (HH:MM)	
IR-4.35.4.1.7 Extensions for This Room Confinement (Yes/No)? (An extension begins during a period of room confinement and extends the period of room confinement to a future date and time. It is normally applied as a period of room confinement for behavior management approaches 24 hours and the youth does not meet conditions to hold a Due Process Hearing. The first extension ends when the second extension starts. (DOJ 11 August Request)(There may be N extensions of room confinement where N=0-10)	
IR-4.35.4.1.7.1 Extension N Date Start (DA/MO/YYYY) (DOJ 11 August Request)	

IR-4.35.4.1.7.2 Extension N Time Start (HH:MM) (DOJ 11 August Request)	
IR-4.35.4.1.7.3 Extension N Date End (DA/MO/YYYY)(DOJ 11 August Request)	
IR-4.35.4.1.7.4 Extension N Time End (HH:MM) (DOJ 11 August Request)	
Note: Extensions are continuous in time. A second extension start time terminates the first extension. This works similarly for the start of a third extension.	
IR-4.35.4.1.7.5 Name of person authorizing Extension N (Text) (DOJ 11 August Request)	
IR-4.35.4.1.7.6 Date Extension N authorized (DA/MO/YYYY) (DOJ 11 August Request)	
IR-4.35.4.1.7.7 Time Extension N authorized (HH:MM) (DOJ 11 August Request)	
IR-4.35.4.1.7.8 Reason for Extension N (List with Pick Arrow)(Suggested List: Out of Control, Illness, Other (DOJ 11 August Request)	
IR-4.35.4.1.7.9 Extension N Duration (DD:HH:MM) (DOJ 11 August Request)	
IR-4.35.4.1.8 Room Confinement Duration (DD:HH:MM) Room Confinement Duration includes time from start of room confinement through the start of the first extension to the end of the first extension. If a second extension is authorized, duration includes the second extension as well.	
IR-4.35.5.1 Due Process (Yes/No)(For any or all youth involved in the incident, was a due process hearing convened?)(Due process hearing is required prior to a youth being confined for behavior management for 24 hours. Due process hearing is also required if due process isolation (room confinement) is awarded as a disciplinary consequence for one or more offense violations.)	
IR-4.35.5.1.1 Was Due Process Hearing Convened (Yes/No)?	
IR-4.35.5.1.2 Date of Hearing (DA/MO/YYYY)	
IR-4.35.5.1.3 Time of Hearing (HH:MM)	
IR-4.35.5.1.4 Name of Hearing Official (Text)	
IR-4.35.5.1.5 Title of Hearing Official (List with Pick Arrow) (List: Shift Supervisor, QA Staff, Program Manager, Facility Manager, Unit Manager, Facility Designate, Facility Administrator, Center Director, Other) (DOJ 11 August Request)	
IR-4.35.5.1.6 Reason for Hearing/Eligibility Reason (Major Violation, Pattern of Minor Violation, Behavior Management Duration, Other)	
IR-4.35.5.1.7 Remarks for Hearing Reason/Eligibility Other (Text)	
IR-4.35.5.1.7 Name of Person Determining Eligibility for Due Process Hearing	
IR-4.35.5.1.8 Title of Person Determining Eligible for Due Process Hearing (List with Pick Arrow) (Suggested List: Shift Supervisor, Program Manager, Facility Manager, Unit Manager, Facility Designate, Facility	

Administrator, Center Director, Other) (DOJ 11 August Request)	
IR-4.35.5.1.9 Date Determined Eligible for Due Process Hearing (DA/MO/YYYY)	
IR-4.35.5.1.10 Due Process Hearing Tracking Number (Text)(This is a sequential number with two digit for year, two for month, two digits for day of month and a single digit sequence number 05102302 is the second due process hearing on 23 October 2005.	
Note: Normally a Due Process Hearing will be conducted for a major offense violation. However, more than one offense code may be involved including the case where a hearing is convened for a pattern of minor misconduct. Major offenses and their codes are identified in facility procedures. N=1-10 for each hearing)	
IR-4.35.5.1.11 Offense Code N (alphanumeric facility code)	
IR-4.35.5.1.12 Offense Code N Title	
IR-4.35.5.1.13 Offense Code N Date (DA/MO/YYYY)	
IR-4.35.5.1.14 Offense Code N Disposition (Adjudicated or clear)(Adjudicated = offense committed)	
IR-4.35.5.1.15 Offense Code N Mitigating/Aggravating Circumstances (List of three choices =Mitigating, Aggravating, NA)	
IR-4.35.5.1.16 Consequences Awarded for Offense Code N? (List with Pick Arrow)	
IR-4.35.5.1.17 Did Consequence for Code N Include Due Process Isolation (Yes/No)?	
IR-4.35.5.1.18 If Due Process Isolation Awarded for Code N, how many hours?	
IR-4.35.5.1.19 If Due Process Isolation Awarded for Code N, was credit applied for time served (Yes/No)?	
IR-4.35.5.1.20 How Many Hours Credit Applied for Time Served (Dial to allow selection of integral number of hours)?	
IR-4.35.5.1.21 What is Net Remaining Due Process Isolation (Dial to allow selection of integral number of hours)?	
IR-4.35.5.1.22 Start Date of Due Process Isolation (DA/MO/YYYY)?	
IR-4.35.5.1.23 Start Time of Due Process Isolation (HH:MM)	
IR-4.35.5.1.23 End Date of Due Process Isolation (DA/MO/YYYY)?	
IR-4.35.5.1.24 End Time of Due Process Isolation(HH:MM)	
IR-4.35.5.1.25 Duration of Due Process Isolation (DA:HH:MM)	
IR-4.35.5.1.26 Was there an appeal (Yes/No)?	
IR-4.35.5.1.27 Name of Appeal Official (Text)	
IR-4.35.5.1.28 Title of Appeal Official (List with Pick Arrow) (Suggested List: Shift Supervisor, Program Manager, Facility Manager, Unit Manager, Facility Designate, Facility Administrator, Center Director, Other)	
IR-4.35.5.1.29 Appeal Results (List = Denied, Sustained)	
IR-4.35.5.1.30 Date of Appeal (DA/MO/YYYY)	
IR-4.35.5.1.31 Date of Appeal Results (DA/MO/YYYY)	
IR-4.35.5.1.32 If Appeal Sustained and Due Process Isolation Awarded, Was Duration of Isolation Reduced (Yes/No)?	
IR-4.35.5.1.33 What Was Post Appeal Due Process Isolation Awarded?	
IR-4.35.5.1.34 Appeal Comments (Text to record amplifying or explanatory information)	

IR-4.35.6 Seclusion Dorm/Special Management Unit (Add recommended per PbS criteria; Seclusion Dorm/Special Management is used for youth who require treatment service delivery and supervision, but whose behavior is sufficiently disruptive as to impact the functioning of the treatment group. While BJJ has not implemented this option at all facilities, it is possible that the Woodland Center Life Safety Unit and East Williams at Adrian Training School could be used in this way.	
IR-4.35.6.1 Was any youth in the incident transferred to a Seclusion Dorm or Special Management Unit (Yes/No)?	
IR-4.35.6.2 Date Use of Seclusion Dorm/Special Management Unit Started (DA/MO/YYYY)	
IR-4.35.6.3 Time Started (HH:MM)	
IR-4.35.6.4 Date Departed (DA/MO/YYYY)	
IR-4.35.6.5 Time Departed (HH:MM)	
IR-4.35.6.6 Duration (DD:HH:MM)	
IR-4.35.6.7 Average Total Recreation Time in Hours (Hours to nearest 0.1)	
IR-4.35.6.8 Average Total Programming Time in Hours (Hours to nearest 0.1)	
IR-4.35.6.9 Name of Person Approving Use (Text)	
IR-4.35.6.10 Title of Person Approving Use (List with Pick Arrow)(Suggested List: Program Manager, Treatment Manager, Shift Supervisor, Clinical Director, Center Director, Facility Administrator, Psychiatrist (MD), Psychologist (PhD), Psychologist (MS), Other)	
IR-4.35.7 Injury Subsection	
IR-4.35.7.1 Was there an injury (Yes/No)? (Each injury must be reported; more than one injury can be reported for one incident.)	
IR-4.35.7.2 Was the injured person Youth, Staff, Volunteer, Visitor, or Not Recorded? (List and pick arrow)	
IR-4.35.7.3 Injury Source (List with pick arrow as follows: Physical restraint, Mechanical restraint, Other restraint, Assaulted by youth, Assaulted by staff, Accident (recreation), Accident (horseplay), Accident (other), Self-harm/Suicide Behavior, Tattooing, Injury source not reported, Death (other), Other)	
IR-4.35.7.4 Youth Injured By (Other Youth/Staff)	
IR-4.35.7.5 Detailed Medication/Treatment Information (Yes/No)(If Yes, this opens additional fields in three smaller subsections (I. Medical or Medication Issues, II. Treatment of Youth Injury/Illness, and III Medical Narrative	

IR-4.35.7.5.1 Medical or Medication Issues-Medication Supply Issue (Yes/No)?	
IR-4.35.7.5.2 or Medication Issues-Order Additional Medications (Yes/No)?	
IR-4.35.7.5.3 Medical or Medication Issues-Field for Dose and Medication Name(Text)	
IR-4.35.7.5.4 Medical or Medication Issues-Number of Pills Needed (Number Dial)	
IR-4.35.7.5.5 Medical or Medication Issues-Refused Medication(Yes/No)?Characteristic if Yes)	
IR-4.35.7.5.6 Medical or Medication Issues-Destroyed Dose(Yes/No)?	
IR-4.35.7.5.7 Medical or Medication Issues-Medication Documentation Discrepancy(Yes/No)?	
IR-4.35.7.5.8 Medical or Medication Issues-Other (Yes/No)?	
IR-4.35.7.5.9 Medical or Medication Issues-Other Remarks Field (Text)	
II. Treatment of Youth Injury/Illness Subsubsection	
IR-4.35.7.5.10 Treatment of Youth Injury/Illness-Direct Care Staff Treatment (Yes/No)?	
IR-4.35.7.5.11 Treatment of Youth Injury/Illness-First Responder Treatment (Yes/No)?	
IR-4.35.7.5.12 Treatment of Youth Injury/Illness-Health Services Referral(Yes/No)?	
IR-4.35.7.5.12 Treatment of Youth Injury/Illness-Transport to Emergency Care(Yes/No)?	
IR- 4.35.7.5.13 Treatment of Youth Injury/Illness-First Aid(Yes/No)?	
IR-4.35.7.5.14 Name of Staff Seen One (Name of second medical/mental staff who sees youth)(DOJ 11 August 2005 request)	
IR-4.35.7.5.15 Title of Staff Seen One (List with pick arrow as follows: MD, DO, MD/Psychiatrist, PhD Psychologist, MS Psychologist, DDS, Dental Hygienist, PA, MSW, RN, LPN, MFR, EMT, Staff, PM)	
IR-4.35.7.5.16 Name of Staff Seen Two (Name of second medical/mental staff who sees youth)(DOJ 11 August 2005 request)	
IR-4.35.7.5.17 Title of Staff Seen Two (List with pick arrow as follows: MD, DO, MD/Psychiatrist, PhD Psychologist, MS Psychologist, DDS, Dental Hygienist, PA, MSW, RN, LPN, MFR, EMT, Staff, PM)	
IR-4.35.7.5.18 Seen On Facility (Yes/No)? (Default to Yes, if seen at off-facility clinic or hospital, No is correct response)	
IR-4.35.7.5.19 Reason for Youth Being Seen by Medical Staff (List with pick arrow as follows: Physical restraint, mechanical restraint, Other restraint, Assaulted by youth, Assaulted by staff, Accident (recreation), Accident (horseplay), Accident (other), Self-harm, Tattooing, Injury, Fight, Illness, Youth Request, Sick Call)(More than one selection may be appropriate)	
IR-4.35.8 Youth Misconduct Subsection	
IR-4.35.8.1 Attempted Escape (Yes/No)?	
IR-4.35.8.2 Escape (Yes/No)?	
IR-4.35.8.3 Sexual Misconduct (Yes/No)?	

IR-4.35.8.4 Refused Medication (Yes/No)?	
IR-4.35.8.5 Failure to Comply with Program (Yes/No)?	
IR-4.35.8.6 Inappropriate Language (Yes/No)? (Add recommended per PbS criteria)	
IR-4.35.8.7 Horseplay (Yes/No)? (Add recommended per PbS criteria)	
IR-4.35.8.8 Other Misconduct (Yes/No)?	
IR-4.35.8.9 Other Misconduct (Text for amplifying remarks)	
IR-4.35.9 Assault Subsection	
IR-4.35.9.1 Staff Assaulted by Youth (Yes/No)?	
IR-4.35.9.2 Youth Assaulted by Youth (Yes/No)?	
IR-4.35.9.3 Youth Assaulted by Staff (Yes/No)?	
IR-4.35.9.4 Youth on Youth Fight (Yes/No)? (Based on the PbS Glossary, fight is a subset of Youth Assaulted by Youth; when a fight occurs, Youth on Youth Fight is Yes and Youth Assaulted by Youth remains No)	
IR-4.35.9.5 Staff Threatened by Youth (Yes/No)?	
IR-4.35.9.6 Youth Threatened by Youth (Yes/No)?	
IR-4.35.10 Security/Contraband Subsection	
IR-4.35.10.1 Illegal Drug/Alcohol (Yes/No)?	
IR-4.35.10.2 Weapons Seized (Yes/No)? (Weapons may be preformed (knife, brass knuckles, or other items converted or manufactured for use as weapons)	
IR-4.35.10.3 Contraband Other (Yes/No)? (For contraband that is not drug, alcohol, or weapon; e.g. food or pornography)	
IR-4.35.10.4 Lost Tools (Yes/No)?	
IR-4.35.10.5 Lost Keys (Yes/No)?	
IR-4.35.11 Suicide-Related Subsection	
IR-4.35.11.1 Suicide Ideation (Yes/No)?	
IR-4.35.11.2 Suicidal Behavior/Gesture (Yes/No)?	
IR-4.35.11.3 Self-injurious Behavior (Yes/No)? (Self-injurious behavior and suicide behavior may both be checked on the same incident report.)	
IR-4.35.11.4 Suicide (Yes/No)? (This involves a fatality; if no fatality, this is No.)	
IR-4.35.12 Property Subsection	
IR-4.35.12.1 Environmental Health or Safety Problem (Yes/No)? (For example, broken glass or trip	

hazard)	
IR-4.35.12.2 Fire (Yes/No)?	
IR-4.35.12.3 Property Damage (Yes/No)?	
IR-4.35.12.4 Theft (Yes/No)?)	
IR-4.35.12.5 Other (Yes/No)?	
IR-4.35.12.5.1 Remarks (for other block)	
IR-4.36 Corrective Action Plan Section-Each IR has this feature; user may select no followup or followup	
IR-4.36.1 Corrective Action Plan Follow Up Required (Yes/No)?	
IR-4.36.2 Was Formal Investigation Conducted (Yes/No)?	
IR-4.36.3 Was Case Confirmed as Abuse/Neglect (Yes/No)?	
IR-4.36.4 Date Incident Resolved (DA/MO/YYYY)	
IR-4.36.5 Action Taken (Text)	
IR-4.37 DATA EDITING REQUIREMENTS:	

Attachment A:

Incident Report Required Fields, Edits, and Alert Notices

Facility Name is a required field for first save
Living Unit Location is a required field for first save
Location is a required field for first save
Incident Date/Time is a required field for first save
Incident Date Logged is a required field for first save
Staff Reporting (Name) is a required field for first save
Number of paper IR consolidated is a required field for first save

If a room confinement or isolation is indicated, the reason for confinement is a required field for save
If a reason for confinement is indicated, the type of room is a required field for save
If an injury is documented, injury source and type of injury are required fields for save
Number of PV identification numbers must be integral between 1 and 20
Number of PV identification numbers must match number of paper IR consolidated for first and any subsequent saves
(Edit)

PV identification numbers must be at least 10 digits and not more than 12 digits in length for first save (Edit).
First two digits of PV identification number must both be non-zero (Edit).
Digit three of PV identification number must be 0 or 1 (Edit).
Digit four of PV identification number must be 0, 1, or 2 (Edit).
Digit five of PV identification number must be 0,1,2, or 3 (Edit).
Digit six of PV identification number must be 0,1,2,3,4,5,6,7,8, or 9 (Edit).
Digit nine and ten of PV identification number cannot both be zero (00 not allowed)(Edit).

Incident Date must be the current date or in the past (Edit).
Date of incident logging must be same or later than Incident Date (Edit).

When entering staff names, do not allow insertion of non-letters or punctuation (Edit)
When designating Primary Person Involved, only allow one person to be designated at a time (Youth or Staff may be designated, but if Youth A is selected in error and Staff A is desired as Primary Person Involved, user must deselect Youth A and then designate Staff A.

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Start date/time of restraint must occur at or later than date/time of incident (Edit).
End date/time of restraint must be current or a past date/time and after restraint start date/time (Edit).

Start date/time of isolation/confinement must occur at or later than date/time of incident (Edit).
End date/time of isolation/confinement must be current or past date/time (Edit)

Must have two youth named in Youth Involved if fight or youth on youth assault is coded (Edit)
If suicide behavior, must have injury question answered Yes/No, if yes, must have Seen By Medical

Send an Alert to the User's screen if no youth are listed in the Youth Data Section on the second save, but allow user to override after acknowledging the alert. (Alert="You have not entered any youth in the Youth Data Section; is this correct (Yes/No)?")

Send an Alert to the User's screen if no staff are listed in the Staff Data Section on the second save, but allow the user to override after acknowledging the alert. (Alert="You have not entered any staff in the youth data section; is this correct (Yes/No)?")

Send Alert to the User's screen if any incident isolation/confinement has no end date/time and it has been more than 72 hours since start date/time of isolation/confinement. (Alert="The youth is indicated as being in isolation/confinement for more than 72 hours; do you need to close out the isolation/confinement or is this correct (Yes/No)?"). Allow the user to override after acknowledging the alert.

Send Alert to the User's screen if any restraint duration is greater than 30 minutes, but allow user to override. (Alert="This restraint is indicated as being in excess of four hours: Is this entry correct (Yes/No)?") Allow the user to override after acknowledging the alert.

Send Alert to the User's screen if suicide characteristic is (Yes), but allow override user to override. (Alert="Attention: By checking this box, you are indicating that a youth has died; ensure you follow the appropriate and additional DHS/BJJ youth fatality reporting requirements or deselect this checkbox."). Allow the user to override after acknowledging the alert.

Send Alert to the User's screen if incident time is between 10PM and 6AM but allow user to override (Alert="You are reporting a third shift incident; if your incident time is correct, no action is required. If this is not a third shift incident, please revise your time of incident.")

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Send Alert to the User's screen if injury indicated but no Seen by Medical (allow user override) (Alert="An injury is indicated; did the injured person require being Seen by Medical Yes/No/?"). Allow user to override after acknowledging the alert. Send Alert to the User's screen for Due Process Hearing if isolation/confinement more than 24 hours in duration (Alert=Based on the incident report, the youth has been isolated or confined for more than 24 hours; is a Due Process Hearing required?") Allow user to override after acknowledging the alert. Send Alert to the User's screen if at least one characteristic box is not checked (allow one override) (Alert="No characteristics are checked; review the narrative, verify that this is an incident, and check the appropriate box.") Allow user to override after acknowledging the alert. Send Alert to the User's screen if the Incident Time is 0000 after the first save. (Alert="You have not changed the default time of the incident (0000). If the incident happened at 0000, no action is required, otherwise, please change the time of incident.") Allow user to override after acknowledging the alert. Send Alert to the User's screen at second save if narrative is less than 10 characters or blank. (Alert="Your narrative is less than 10 characters or blank; please review your narrative to ensure your paper incident report narrative has been completely and accurately consolidated.") Allow user to override after acknowledging the alert. Send Alert for at least one intervention if Behavior Management is coded; allow override. (Alert="This incident report indicates behavior management, but no interventions by staff are documented". Allow user to override after acknowledging the alert. Narrative spell check for main and medical narrative. Definition in bubble text for each characteristic. Definitions from Glossary.	
IR-4.39 OUT-OF-MODULE REQUIREMENTS: IR-4.39.1 The IR Module should provide information to the Case Management Module via the Case Load Listing. This functions allows the user to select youth of interest and recall various documents within the JJIS for reference. IR-4.39.2 The IR Module will provide incident report information for use in creating Performance-Based Standards (PbS) incident reports as part of participation by selected BJJ facilities in PbS. Additional information on data elements and the extraction database is provided at the end of this module. Data extraction occurs on a semiannual basis for incidents reports meeting criteria within a month long data collection period (normally April and October).	

IR-4.40: OUTPUT REQUIREMENTS:

IR-4.40.1 Incident report screens should print incident reports legibly in standard font with uniform margins and pagination

IR-4.40.2. There should be a report that assists in identifying which paper incident reports were used to form which Consolidated Electronic Version (CEV), which CEV lack paper incident reports, and which paper incident reports have not been consolidated into a CEV.

IR-4.40.3 There should be a report, Facility Incidents for the Date Range. Date range should be a parameter set by the user. The report provides a chronological listing of incident reports for the facility including incident date, time, first 50 narrative characters, and a link which allows the user to access the incident report.

IR-4.40.4   There should be a report, Youth Incidents for the Date Range. Date range should be a parameter set by the user. This report provides a chronological listing of incident reports for a particular youth within a date range and includes date, time, and the first 50 characters of narrative as well as a link that allows the user to access the incident report.

IR-4.40.5   There should be a report based on date range that chronologically display incidents based on key characteristics including physical restraints, mechanical restraints, injuries, suicidal behavior, isolation/confinement, contraband, and youth misconduct. Date range should be a parameter set by the user. This report should also total events by type and subtype and produce rate based measures based on facility population.

IR-4.40.6 Each report should provide data completeness statistics for the tables used as a whole and for the applicable records and fields that are queried for the report.

IR-4.40.7 Reports should have the capability to be displayed as charts and graphs in addition to numerical tables provided.

5. EXAMPLE OUTPUT

6 DATA ELEMENT DESCRIPTIONS

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Number of Paper IR	Denotes number of paper IR (PV) summarized in the JJIS version (Integral 1-12 (1,2,3…12)	Numeric 2	Required		V/E/U
Paper IR Numbers	ID Numbers of each paper IR. Series of numbers with minimum of 10 and maximum of 12 digits used to uniquely identify each PV. Each Paper IR Number must be unique.	Numeric 150	Required		V/E/U
Facility Name	Name of facility where incident occurs (facility or facilities are set by user access code)	List with Pick Arrow	Required		V/E/U
Hall/Pod/Wing/Area	Living unit where the youth is assigned for residence within the facility (may be facility itself for small facilities or sub-unit, e.g. Pod 5 at Woodland Center	Alpha 30	Required		V/E/U
Specific Facility Location	Location within facility (e.g. Gym, Kitchen, Youth room, Class room). Note that facilities in BJJ use a list made of common terms plus facility unique values	List with Pick Arrow- common list plus facility unique list	Required		V/E/U
Incident Date	DA/MO/YYYY	Numeric 10	Required		V/E/U
Incident Time	HH:MM (24 hours clock to nearest minute)	Numeric 10	Required		V/E/U
Date Paper IR Completed	DA/MO/YYYY	Numeric 10	Required		V/E/U
Save Pushbutton	Function to retain data/not data	NA	Required		
Youth Involved First Name	For each youth involved (Currently entered simultaneously with youth last name and youth ID)	Alpha 30	Conditional after first save, but send Alert if not present; allow user override	Summation	V/E/U
Youth Involved Last Name	For each youth involved (Currently entered simultaneously with youth last name and youth ID)	Alpha 30	Conditional after first save, but sent Alert if not present; allow user override	Summation	V/E/U
Youth Involved ID	For each youth involved (entered simultaneously when	Numeric 10	Conditional after	Summation	V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Number	youth is selected)		first save, but send Alert if not present; allow user override		
Youth Involved Count	Number of youth involved in incident (0,1,2,3...20). Must match number of youth names.	Numeric 2 (Integer between 0 and 20)	Required after first save, entries of 0-20 are acceptable)	Summation	V/E/U
Staff Involved First Name	For each involved (Entered with last name)	Alpha 30	Conditional after first save.	Summation	V/E/U
Staff Involved Last Name	For each involved (Entered with first name	Alpha 30	Conditional after first save.	Summation	V/E/U
Other Person Involved First Name	For each involved	Alpha 30	Conditional after first save.		V/E/U
Other Person Involved Last Name	For each involved	Alpha 30	Conditional after first save.		V/E/U
Staff Involved Count	Number of staff involved in incident (0,1,2,3...20)(Must match number of staff names)	Numeric 2 (Integer between 0 and 20)	Required after first save, entries of 0-20 are acceptable). Send Alert if 0 staff are entered after first save	Summation	V/E/U
Incident Details	Description of incident including situation leading to incident, result of the incident, and detail for injuries, medical attention, and other areas as appropriate.	Alphanumeric 300	Required after first save and prior to second save;		V/E/U
Report Written By	Name of person entering report in JJIS	Alpha 30	Required after first save		V/E/U
Shift Supervisor	Name of manager who supervises Report Written By	Alpha 30	Required after first save		V/E/U
Superintendent Remarks	Remarks of Facility Administrator	Alpha 100	Optional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Superintendent Signature	Self-explanatory	Alpha 30	Optional		V/E/U
Superintendent Signature Date	DA/MO/YYYY	Numeric 10	Optional		V/E/U
Reporting Staff Signature	Signature of staff who wrote the paper incident report (Not the Consolidating Staff)	Alpha 30	Optional		V/E/U
Reporting Staff Name	Name of staff who wrote the paper incident report	Alpha 30	Required		V/E/U
Report Date	Date of incident report (DA/MO/YYYY)(Autopopulate from Initial Data)	Numeric 10	Autopopulate from required field		V/E/U
Supervisor Signature	Signature of supervisor who reviewed the paper report	Alpha 30	Optional		V/E/U
Supervisor Name	Self-explanatory	Alpha 30	Optional		V/E/U
Supervisor Date	Date of Supervisory Review (DD/MO/YYYY)	Numeric 10	Optional		V/E/U
Link to Corrective Action Plan	Intraform link to open Corrective Action Plan-Not Data			Corrective Action section	V/E/U
Intervention Used for Any Youth	Not Data-If there are no interventions used for any youth, then all checkboxes (Yes/No) for youth are No. Interventions are actions taken by staff that are more fully defined in requirement 4.35.2.			Interventions (Yes/No) display based on the union of all youth interventions for the incident; no entry of interventions except through individual youth.	V/E/U
Youth Name*	For each youth where an intervention is used in the incident	Alpha 30	Required		V/E/U
Youth ID*	For each youth where an intervention is used in the incident	Alphanumeric 12	Required		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Youth Gender*	For each youth where an intervention is used in the incident	List with Pick Arrow	Required		V/E/U
Intervention-Verbal-De-escalation	If used (Yes/No)?	Alpha 5	Conditional		V/E/U
Intervention-Writing Assignment	If used (Yes/No)?	Alpha 5	Conditional		V/E/U
Intervention-Restricted Activity	If used (Yes/No)?	Alpha 5	Conditional		V/E/U
Intervention-Separation from group	If used (Yes/No)?	Alpha 5	Conditional		V/E/U
Intervention-Physical Management	If used (Yes/No)?	Alpha 5	Conditional		V/E/U
Intervention-Behavior Management	If used (Yes/No)?	Alpha 5	Conditional		V/E/U
Intervention-Post Counseling	If used (Yes/No)?	Alpha 5	Conditional		V/E/U
Restraint	For each youth, was the youth restrained (Yes/No)?(This question is answered yes if the youth is restrained in any type of restraint. Subsequent fields expand on the type of the restraint).	Alpha 5	Conditional		V/E/U
Physical Restraint	If restrained, was restraint type physical restraint (Yes/No)? A maximum of two physical restraints per youth involved per incident report are allowed.	Alpha 5	Conditional		V/E/U
Staff Applying Physical Restraint Name	If restrained, name of staff applying physical restraint (allow up to N staff names where N=1 to 10	Alpha 30	Conditional		V/E/U
Staff Authorizing Physical Restraint Name	If restrained, name of staff authorizing physical restraint	Alpha 30	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Staff Title Authorizing Physical Restraint	If restrained, title of staff authorizing physical restraint	Alpha 30 from List with Pick Arrow	Conditional		V/E/U
Name Staff Reviewing Physical Restraint	If restrained, name of staff reviewing physical restraint	Alpha 30	Conditional		V/E/U
Title Staff Reviewing Physical Restraint	If restrained, title of staff reviewing physical restraint	Alpha 30	Conditional		V/E/U
Physical Restraint Date	Date physical restraint occurs (MO/DA/YYYY)	Numeric 10	Conditional		V/E/U
Physical Restraint Start Time	(HH:MM) to nearest minute. Default is 00:00.	Numeric 5	Conditional		V/E/U
Physical Restraint End Time	(HH:MM) to nearest minute. Default is 00:00.	Numeric 5	Conditional		V/E/U
Time Supervisor Notified of Physical Restraint	(HH:MM) to nearest minute. Default is 00:00	Numeric 5	Conditional		V/E/U
Physical Restraint Duration	(DD:HH:MM) to nearest minute. Default is 00:00:00	Numeric 10	Conditional		V/E/U
Date Supervisor Authorized Physical Restraint	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Time Supervisor Authorized Physical Restraint	(HH:MM) to nearest minute. Default is 00:00	Numeric 5	Conditional		V/E/U
Date Supervisor Reviewed Physical Restraint	(DA/MO/YYYY)(Review is considered a separate function from authorizing a restraint.	Numeric 10	Conditional		V/E/U
Physical Restraint Location	Did physical restraint occur other than at location specified in the incident report (Yes/No)?(Default is No)	Alpha 5	Conditional		V/E/U
Physical Restraint Location Other	If physical restraint occurred other than at incident report location, then describe this location (text)	Alpha 30	Conditional		V/E/U
Physical Restraint	Reasons for Physical Restraint include Self-Defense,	List with Pick	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Reason	Human Protection, Property Damage, Escape, Behavior Management.	Arrow, Alpha 30			
Mechanical Restraint	If youth was restrained, was restraint type mechanical restraint (Yes/No)? A maximum of two mechanical restraints per youth involved per incident report are allowed.	Alpha 5	Conditional		V/E/U
Mechanical Restraint of Hands/Arms	Were mechanical restraints applied to hands/arms (Yes/No)?	Alpha 5	Conditional		V/E/U
Mechanical Restraint Hands/Arms Start Time	(HH:MM) Time when mechanical restraints are applied to hands/arms. Default is 00:00	Alpha 5	Conditional		V/E/U
Mechanical Restraint Hands/Arms End Time	(HH:MM) Time when mechanical restraints are removed from hands/arms. Default is 00:00	Alpha 5	Conditional		V/E/U
Mechanical Restraint Hands/Arms Duration	(HH:MM) Mechanical Restraint End Time (Hands/Arms)-Mechanical Restraint Start Time (Hands/Arms)	Alpha 5	Conditional		V/E/U
Mechanical Restraint of Feet/Legs	Were mechanical restraints applied to feet/legs (Yes/No?)	Alpha 5	Conditional		V/E/U
Mechanical Restraint Feet/Legs Start Time	(HH:MM) Time when mechanical restraints are applied to feet/legs. Default is 00:00	Alpha 5	Conditional		V/E/U
Mechanical Restraint Feet/Legs End Time	(HH:MM) Time when mechanical restraints are removed from feet/legs. Default is 00:00	Alpha 5	Conditional		V/E/U
Mechanical Restraint Feet/Legs	(HH:MM) Mechanical Restraint End Time (Feet/Legs)-Mechanical Restraint Start Time (Feet/Legs)	Alpha 5	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Duration					
Mechanical Restraint Authorized by Name	Person who authorizes/approves the mechanical restraint	Alpha 30	Conditional		V/E/U
Mechanical Restraint Authorized by Title	Title of person who authorizes/approves the mechanical restraint (List: Program Manager, Shift Supervisor, On-Site Supervisor, Treatment Manager, Direct Care Staff, Facility Director, Other)	List with Pick Arrow. Alpha 20	Conditional		V/E/U
Mechanical Restraint Date	DA/MO/YYYY	Numeric 10	Conditional		V/E/U
Mechanical Restraint Authorized Time	HH:MM Default is 00:00	Numeric 5	Conditional		
Mechanical Restraint Reviewed by Name	Name of person who reviews the restraint. May be same as person who authorizes but denotes a separate action	Alpha 30	Conditional		V/E/U
Mechanical Restraint Reviewed by Title	Title of person who authorizes/approves the mechanical restraint (List: Program Manager, Shift Supervisor, On-Site Supervisor, Treatment Manager, Direct Care Staff, Facility Director, Other)	List with Pick Arrow. Alpha 20	Conditional		V/E/U
Mechanical Restraint Location	Did mechanical restraint occur in location other than that of the incident (Yes/No)?	Alpha 5	Conditional		V/E/U
Mechanical Restraint Location Other	If mechanical restraint occurred in place other than location of the incident, describe	Alpha 30	Conditional		V/E/U
Mechanical Restraint Reason	Reasons include Self-Defense, Human Protection, Property Damage, Escape, Behavior Management.	List with Pick Arrow Alpha 30	Conditional		V/E/U
Restraint Type Not Recorded	If a restraint occurred, is restraint type not indicated as either physical or mechanical (Yes/No)?(Default to No)	Alpha 5	Conditional		V/E/U
Youth in Room Confinement	No Data-Subsection Marker. Room Confinement includes cases of confinement (youth in own room) or				

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Subsection	isolation (youth in room other than own room)(Questions in this section are answered for each youth involved in the incident)(Each change in Reason or Room Type ends one period of room confinement and starts another one)				
Room Confinement	Was youth placed in room confinement (Yes/No)?	Alpha 5	Conditional		V/E/U
Room Confinement Reason	Reason youth is subjected to room confinement. List: Behavior Management, Due Process Isolation, Suicide Watch, Intake Watch, Medical Watch)	List with Pick Arrow Alpha 20	Conditional		V/E/U
Room Type	Type of room youth is held in. List: Own Room, Isolation Room	List with Pick Arrow 20	Conditional		V/E/U
Room Confinement Start Date	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Room Confinement Start Time	(HH:MM). Default is 00:00	Numeric 5	Conditional		V/E/U
Room Confinement End Date	DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Room Confinement End Time	(HH:MM). Default is 00:00	Numeric 5	Conditional		V/E/U
Room Confinement Extensions	Are there extensions for this room confinement (Yes/No)?(An extension begins during a period of room confinement and extends the period of room confinement to a future date and time. It is normally applied as a period of room confinement for behavior management as the duration in behavior management approaches 24 hours and the youth does not meet conditions to hold a Due Process Hearing. The first room confinement extension ends when the second extension begins. There may be N extensions of room confinement where N=0 to 10)	Alpha 5	Conditional		V/E/U
Extension N Start Date	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Extension N Start Time	(HH:MM). Default is 00:00	Numeric 5	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Extension N End Date	DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Extension N End Time	(HH:MM). Default is 00:00	Numeric 5	Conditional		V/E/U
Note	Extensions are continuous in time with no gap between end time of extension N and start time of extension N+1. Extensions have the same reason as the original room confinement that precedes them.				V/E/U
Name of Person Authorizing Extension N	First and last name of person who authorizes extension of room confinement	Alpha 30	Conditional		V/E/U
Date Extension N Authorized	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Time Extension N Authorized	(HH:MM). Default is 00:00	Numeric 5	Conditional		V/E/U
Reason for Extension N	Reason for extension. List: Youth Out of Control, Youth Ill, Other	List with Pick Arrow Alpha 30	Conditional		V/E/U
Extension N Duration	(DD:HH:MM)(Date/Time Extension N End-Date Time Extension N Starts	Numeric 10	Conditional		V/E/U
Room Confinement Duration	(DD:HH:MM) Continuous time from start of room confinement to end of room confinement or end of last of N extensions whichever is longer.	Numeric 10	Conditional		V/E/U
Due Process Subsection	Subsection Marker-No Data. For any or all youth involved in the incident, was a Due Process hearing convened? (Due Process Hearing is required prior to a youth being confined for behavior management for 24 hours. Due Process Hearing is also required prior to Due Process Isolation (a room confinement) being awarded as a consequence for one or more offense violations.)				
Due Process Hearing Convened	Was a Due Process Hearing Convened (Yes/No)?	Alpha 5	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Date of Hearing	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Time of Hearing	(HH:MM) Default is 00:00	Numeric 5	Conditional		V/E/U
Name of Hearing Official	First and last name of hearing official	Alpha 30	Conditional		V/E/U
Title of Hearing Official	List: Shift Supervisor, QA Staff, Program Manager, Facility Manager, Unit Manager, Facility Designate, Facility Administrator, Center Director, Other)	List with Pick Arrow. Alpha 30	Conditional		V/E/U
Reason for Hearing/Eligibility Criteria	Cause/reason for holding hearing. List: Major Violation, Pattern of Minor Violations, Behavior Management Duration, Other	List with Pick Arrow. Alpha 30	Conditional		V/E/U
Remarks for Hearing/Eligibility Criteria	Used to amplify when reason of hearing is "Other"	Alpha 30	Conditional		V/E/U
Name of Person Determining Eligibility	Person who determines that youth is eligible for Due Process Hearing	Alpha 30	Conditional		V/E/U
Title of Person Determining Eligibility	Title of person determining youth eligible for Due Process Hearing. List: Shift Supervisor, QA Staff, Program Manager, Facility Manager, Unit Manager, Facility Designate, Facility Administrator, Center Director, Other	List with Pick Arrow. Alpha 30	Conditional		V/E/U
Date Determined Eligible	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Due Process Hearing Tracking Number	Sequential identifying number for the Due Process Hearing. Two digits for the year, two digits for month, two digits for day of month hearing is conducted, and single digit sequence number for hearing conducted that day. 05102302 is the second Due Process Hearing on 23 October 2005.	Numeric 10	Conditional		V/E/U
Note	Normally a Due Process Hearing is conducted for a major offense violation. However, more than one offense code may be involved including the case where a hearing is convened for a pattern of minor misconduct. Major offenses and their codes are identified in facility procedures. When discussing Due				V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
	Process Hearings, N is the number of offense violations considered. N=1 to 10 for each hearing. This module assumes one Due Process Hearing could occur for each youth involved in an incident. The Due Process Hearing could involve up to 10 offense violations. The module assumes that each youth offense violation is reviewed individually and the youth is either adjudicated (similar to finding of guilty) or cleared.				
Offense Code N	Facility offense code	Alphanumeric 5	Conditional		V/E/U
Offense Code N Title	Text description of offense code	Alpha 30	Conditional		V/E/U
Offense Code N Date	Date of the offense (DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Offense Code N Disposition	Choice of Adjudicated or Cleared. Default is Cleared	Alpha 20	Conditional		V/E/U
Offense Code N Mitigating/Aggravating Circumstances	Choice or Mitigating, Aggravating, or NA. Default value is NA	List with Pick Arrow. Alpha 20	Conditional		V/E/U
Consequences Awarded for Offense Code N	List: Verbal Counseling, Written Counseling, Writing Assignment, Reduction of Privileges, Referral to Law Enforcement, Escalation of Security Level, Change in Treatment Program, Special Behavior Program, Due Process Isolation	List with Pick Arrow (May select more than one option)	Conditional		V/E/U
Consequences for Offense Code N Include Due Process Isolation	Was Due Process Isolation awarded for Offense Code N (Yes/No)?	Alpha 5	Conditional		V/E/U
Due Process Isolation Hours Awarded	How many hours of Due Process Isolation were awarded for Offense Code N (0-72 in one hour increments)?	Numeric 2	Conditional		V/E/U
Due Process Isolation Credit for Time Served	Was credit granted for time served for Offense Code N (Yes/No)?	Alpha 5	Conditional		V/E/U
Due Process Credit	Time Served Credits may accrue from time spent in	Numeric 2	Conditional		V/E/U

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ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
for Time Served Amount	room confinement including any extensions prior to the hearing. How many hours were credited to time served (0-72 hours in one hour increments. May not credit more hours than awarded)?				
Due Process Isolation Time Remaining	Due Process Isolation Hours Awarded - Credit for Time Served (Autocalculation). Maximum value of 72 hours	Numeric 2	Conditional		V/E/U
Due Process Isolation Start Date	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Due Process Isolation Start Time	(HH:MM)	Numeric 5	Conditional		V/E/U
Due Process Isolation End Date	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Due Process Isolation End Time	(HH:MM)	Numeric 5	Conditional		V/E/U
Due Process Isolation Duration	(DD:HH:MM) (Due Process Isolation End Date/Time - Due Process Isolation Start Date/Time	Numeric 10	Conditional		V/E/U
Due Process Hearing Appeal	Was there an appeal (Yes/No)?	Alpha 5	Conditional		V/E/U
Name of Official Who Heard Appeal	First and last name of person hearing the appeal	Alpha 30	Conditional		V/E/U
Title of Appeal Official	List: Shift Supervisor, Program Manager, Facility Manager, Unit Manager, Facility Designate, Facility Administrator, Center Director, Other	List with Pick Arrow. Alpha 30	Conditional		V/E/U
Appeal Results	List: Denied, Sustained	List with Pick Arrow. Alpha 20	Conditional		V/E/U
Date Youth Filed Appeal	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Date of Appeal Results	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
			Conditional		V/E/U

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ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
			Conditional		V/E/U
			Conditional		V/E/U
Appeal Sustained with Due Process Reduced	If appeal was sustained and due process isolation awarded, was the amount of due process isolation reduced (Yes/No)?	Alpha 5	Conditional		V/E/U
Post Appeal Due Process Isolation Amount	Amount of hours rewarded (Maximum of 72)	Numeric 2	Conditional		V/E/U
Appeal Comments	Text to record comments and remarks	Alpha 300	Conditional		V/E/U
Note	Seclusion Dorm/Special Management Unit (This unit is used for youth who require treatment service delivery and supervision, but whose behavior is sufficiently disruptive as to impact the functioning of the treatment group. For this section, the term Seclusion Dorm refers to both		Conditional		
Seclusion Dorm Used	Was a seclusion dorm or special management unit used for any youth in the incident (Yes/No)?	Alpha 5	Conditional		V/E/U
Seclusion Dorm Use Start Date	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Seclusion Dorm Start Time	(HH:MM)	Numeric 5	Conditional		V/E/U
Seclusion Dorm End Date	(DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Seclusion Form End Time	(HH:MM)	Numeric 5	Conditional		V/E/U
Seclusion Dorm Duration	(DD:HH:MM)	Numeric 12	Conditional		V/E/U
Average Total Recreation Time in Seclusion Dorm	Hours to nearest 0.1 Hour	Numeric 5	Conditional		V/E/U
Average Total Programming Time in Seclusion Dorm	Hours to nearest 0.1 Hour	Numeric 5	Conditional		V/E/U
Name of Person	First and last name of person	Alpha 30	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Approving Use of Seclusion Dorm					
Title of Person Approving Use of Seclusion Dorm	List: Program Manager, Treatment Manager, Shift Supervisor, Clinical Director, Center Director, Facility Administrator, Psychiatrist(MD), Psychologist (PhD), Psychologist (MS), Other	List with Pick Arrow. Alpha 5	Conditional		V/E/U
Note	Injury Subsection. Injuries may occur to youth, staff, volunteers, or visitors. This module assumes one injury per person per incident, but more than one person may be injured in the incident. Questions below are asked for each person listed as involved in the incident. Default assumes there were no injuries in the incident				
Injury Occurrence	Was there an injury (Yes/No)?	Alpha 5	Conditional		V/E/U
Type of Injured Person	List: Youth, Staff, Volunteer, Visitor, Not Recorded	List with Pick Arrow. Alpha 10	Conditional		V/E/U
Injury Source	List: Physical restraint, Mechanical restraint, Other restraint, Assaulted by youth, Assaulted by staff, Accident (recreation), Accident (horseplay), Accident (other), Self-harm, Suicidal behavior, Tattooing, Injury source not reported, Death (other), Other)	List with Pick Arrow. Alpha 20	Conditional		V/E/U
Youth Injured by Other Youth	Was youth injured by other youth (Yes/No)?	Alpha 5	Conditional		
Detailed Medical Treatment Information	Is there detailed medication/treatment information available (Yes/No)? When yes is checked, this opens additional fields in three smaller subsections (Medical or Medication Issues, Treatment of Youth Injury/Illness, and Medical Narrative	Alpha 5	Conditional		V/E/U
Medical or Medication Issues- Medication Supply Issue	Is this a medication supply issue (Yes/No)?	Alpha 5	Conditional		V/E/U
Medical or Medication Issues	Should additional medications be ordered (Yes/No)?	Alpha 5	Conditional		V/E/U

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ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Medical or Medication Issues- Dose and Medication Name	Dose and medication name	Alpha 30	Conditional		V/E/U
Medical or Medication Issues- Number of Doses Needed	Number of doses needed (Integral 1-30)	Numeric 2	Conditional		V/E/U
Medical or Medication Issues- Refused Medications	Did youth refuse medications (Yes/No)?	Alpha 5	Conditional		V/E/U
Medical or Medication Issues- Destroyed Dose	Was dose destroyed (Yes/No)?	Alpha 5	Conditional		V/E/U
Medical or Medication Issues- Documentation Discrepancy	Is there a medication documentation discrepancy (Yes/No)?	Alpha 5	Conditional		V/E/U
Medical or Medication Issues- Other	Is there some other issue (Yes/No)?	Alpha 5	Conditional		V/E/U
Medical or Medication Issues- Remarks for Other	Remarks for other medication issues	Alpha 50	Conditional		V/E/U
Treatment of Youth Injury/Illness- Direct Care Staff Treatment	Was treatment provided by Direct Care Staff (Yes/No)?	Alpha 5	Conditional		V/E/U
Treatment of Youth Injury/Illness-First Responder Treatment	Was treatment provided by First Responder (Yes/No)?	Alpha 5	Conditional		V/E/U
Treatment of Youth Injury/Illness-	Was treatment provided by Health Services (Yes/No)? Health Services is an on-site clinic,	Alpha 5	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Health Services Referral (on site)					
Treatment of Youth Injury/Illness-Transport to Emergency Care- off site	Was treatment provided by transport to an emergency care facility off-site (Yes/No)? (For example, hospital emergency room)	Alpha 5	Conditional		V/E/U
Treatment of Youth Injury/Illness-First Aid	Was treatment provided in the form of First Aid (Yes/No)?	Alpha 5	Conditional		V/E/U
Treatment of Youth Injury/Illness-Name of Staff Seen One	First and last name of first staff providing treatment	Alpha 30	Conditional		V/E/U
Treatment of Youth Injury/Illness-Title of Staff Seen One	List: MD. DO, MD/Psychiatrist, PhD Psychologist, MS Psychologist, DDS, Dental Hygienist, PA, MSW, RN, LPN, MFR, EMT, Staff, PM	List with Pick Arrow. Alpha 30	Conditional		V/E/U
Treatment of Youth Injury/Illness-Name of Staff Seen Two	First and last name of second staff providing treatment	Alpha 30	Conditional		V/E/U
Treatment of Youth Injury/Illness-Title of Staff Seen Two	List: MD. DO, MD/Psychiatrist, PhD Psychologist, MS Psychologist, DDS, Dental Hygienist, PA, MSW, RN, LPN, MFR, EMT, Staff, PM	List with Pick Arrow. Alpha 30	Conditional		V/E/U
Treatment of Youth Injury/Illness-Seen On Facility			Conditional		V/E/U
Treatment of Youth Injury/Illness-Reason for Youth Being Seen	List: Physical restraint, Mechanical restraint, Other restraint, Assaulted by youth, Assaulted by staff, Accident (recreation), Accident (horseplay), Accident (other), Self-harm, Suicide behavior, Tattooing, Injury, Fight, Illness, Youth Request, Sick Call)(More than one selection may be appropriate	List with Pick Arrow. Alpha 30	Conditional		V/E/U
Medical Narrative	Remarks and descriptive comment about injury/illness and treatment	Alphanumeric 300	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Note	Youth Misconduct Subsection		Conditional		V/E/U
Attempted Escape	Yes/No	Alpha 5	Conditional		V/E/U
Escape	Yes/No	Alpha 5	Conditional		V/E/U
Sexual Misconduct	Yes/No	Alpha 5	Conditional		V/E/U
Refused Medication	Yes/No	Alpha 5	Conditional		V/E/U
Failure to Comply with Program	Yes/No	Alpha 5	Conditional		V/E/U
Inappropriate Language	Yes/No	Alpha 5	Conditional		V/E/U
Horseplay	Yes/No	Alpha 5	Conditional		V/E/U
Other Misconduct	Yes/No	Alpha 5	Conditional		V/E/U
Other Misconduct Text Remarks	Descriptive text	Alpha 50	Conditional		V/E/U
Note	Assault Subsection				
Staff Assaulted by Youth	Yes/No	Alpha 5			
Youth Assaulted by Youth	Yes/No	Alpha 5	Conditional		V/E/U
Youth Assaulted by Staff	Yes/No	Alpha 5	Conditional		V/E/U
Youth on Youth Fight	Yes/No	Alpha 5	Conditional		V/E/U
Staff Threatened by Youth	Yes/No	Alpha 5	Conditional		V/E/U
Youth Threatened by Youth	Yes/No	Alpha 5	Conditional		V/E/U
Note	Security/Contraband Subsection				
Illegal Drug/Alcohol	Yes/No	Alpha 5	Conditional		V/E/U
Weapons seized	Yes/No Weapons may be preformed or other items converted or manufactured for uses as weapons	Alpha 5	Conditional		V/E/U
Contraband Other	Yes/No (Contraband that is not drug/alcohol or weapon)	Alpha 5	Conditional		V/E/U

ELEMENT NAME	DESCRIPTION	TYPE - & SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Out put to:	View/ Enter/ Update/ Delete
Lost Tools	Yes/No	Alpha 5	Conditional		V/E/U
Lost Keys	Yes/No	Alpha 5	Conditional		V/E/U
Note	Suicide-Related Subsection				
Suicidal Ideation	Yes/No	Alpha 5	Conditional		V/E/U
Suicidal Behavior	Yes/No. Can be checked with Self-injurious Behavior	Alpha 5	Conditional		V/E/U
Self-injurious Behavior	Yes/No. Can be checked with Suicidal Behavior	Alpha 5	Conditional		V/E/U
Suicide	Yes/No. This involves a fatality. If there is no fatality, this is No	Alpha 5	Conditional		V/E/U
Note	Property Subsection				
Environmental Health or Safety Problem	Yes/No	Alpha 5	Conditional		V/E/U
Fire	Yes/No	Alpha 5	Conditional		V/E/U
Property Damage	Yes/No	Alpha 5	Conditional		V/E/U
Theft	Yes/No	Alpha 5	Conditional		V/E/U
Other	Yes/No	Alpha 5	Conditional		V/E/U
Remarks for Other	Test	Alpha 50	Conditional		V/E/U
Note	Corrective Action Plan Section				
Corrective Action Plan-Follow-up Required	Is follow-up required (Yes/No)?	Alpha 5	Conditional		V/E/U
Corrective Action Plan-Formal Investigation	Was a formal investigation conducted (Yes/No)?	Alpha 5	Conditional		V/E/U
Corrective Action Plan-Confirmed Abuse/Neglect	Was abuse/neglect confirmed (Yes/No)?	Alpha 5	Conditional		V/E/U
Corrective Action Plan-Date Incident Resolved	Date incident resolved (DA/MO/YYYY)	Numeric 10	Conditional		V/E/U
Corrective Action Plan-Action Taken	Description of action taken	Alphanumeric 300	Conditional		V/E/U

7 HELP MESSAGES

7.1   Section/Module-level Help *(screen error messages*)

7.2   Context-Sensitive Help *(Detail help)*

7.3   Field-Level Help

Field	Message

8 MODULE DEPENDENCIES

What data must be entered in other modules before this module can be used?
- ▪ Child Module:
    - o Name
    - o Youth ID Number
    - o Youth Date of Birth
    - o Youth Gender
- ▪ Placement Module:
    - o Date/Time of Admission
    - o Placement location i.e. Living Unit, Pod, Wing, Hall, Room number

- • Case Management Module (Case Load Listing)
    - o When a youth is listed as involved in the incident, the incident needs to be included in that youth's list of incidents

What changes in data within other modules affect this module?
- ▪

9 SCENARIOS

10 TEST PLANS

11 SOURCE MATERIAL

12 OUTSTANDING ISSUES

- Security will have to be modified to allow a facility to enter Incident Reports at the facility level. There may be incident reports that have no youth involvement, or staff involvement or both.
    - If multiple youth are involved in an incident, the incident report information needs to "feed" back to the individual youth records without having to re-enter the data directly into each youth record.
- Email notification to staff regarding time frames for IR confinements/isolations need to have pre-established triggers and user definable listing of whom needs to be notified.

13 GLOSSARY OF TERMS

Incident Report Module Glossary

Accident: An unintended, unforeseen, unexpected, and unpleasant event or occurrence due to horseplay, daily activities, or recreation that results in personal injury, loss or damage. Such accident may occur as the result of actions by another youth, staff, or visitor.

Alcohol/Illegal Drugs: All consumable alcoholic beverages and/or any drug or narcotic not specifically prescribed by a physician or other qualified medical personnel.

Assault: Any instance in which a youth or staff member is involved in a physical conflict with another individual(s), even if no one is injured. This includes unprovoked and provoked attacks and sexual assaults. Distinctions should be made between assaults and fights where fights are defined as mutually instigated attacks.

Attempted Escape: Any unsuccessful effort or plan to flee from custody or supervision of an institution, training school, detention center, from someone assigned to supervise the youth, or attempts to flee during transportation.

Behavior Management: Activities undertaken by DHS personnel to control the behavior of and the application of sanctions to youth placed in DHS operated programs to teach them to accept responsibility and demonstrate appropriate behaviors.

Client: Refers to the youth.

Code Violation: Alphanumeric code that identifies an alleged major or minor offense within the youth disciplinary system

Contraband: Any item(s) introduced or found in the facility, including improperly possessed drugs (whether illegal or legal) and weapons, that are expressly prohibited by those legally charged with the responsibility for the administration and/or operation of the facility.

Due Process: A system for protecting the rights of youth who are subject to involuntary room confinement. Due Process Isolation is the use of room confinement as a disciplinary consequence after a due process hearing.

Duration: Length of time, normally automatically computed when start and stop times are entered for periods of restraint, confinement, or isolation.

Direct Care Staff: Facility staff members who have routine contact with youths, including Youth Specialists, Youth Aides, Treatment Workers, Teachers, Chaplains, Group Leaders, Social Workers, Counselors, Nurses, and other staff who supervise the youth.

Environmental Health/Safety Problem: Any unusual event in the facility and/or vicinity (i.e., severe weather, chemical spills, ice, broken glass, etc.) that poses a risk to the physical well being of persons in the affected area.

Escape: To flee from custody or supervision of an institution, training school, detention center, from someone assigned to supervise the youth, and the unlawful departure of a youth from an institution or from custody while being transported, or failure to return to the facility while on leave.

Facility: Name of the facility.

Failure to Comply: A youth's refusal to obey facility rules or staff directions that results in an unsafe environment and rises to the level of an incident.

Fight: A subcategory of youth on youth assault. A fight is defined as a mutually instigated assault between two or more youth.

Group Confinement: When a group of youth are placed in their rooms during an investigatory (including searches) process or for protection. While a characteristic checkbox is included in the incident report, group confinement requires a multiple page paper IR to document the confinement of each youth who is confined. A group confinement is one incident with multiple confinements.

Horseplay: Wrestling, rough contact, or roughhousing between youths that rises to the level of an incident but is not considered assault by staff.

Inappropriate Language: Use of profanity. Use of racial, ethnic, or gender-based slurs or epithets. Use of slurs with the intent of demeaning one's religion, heritage, or sexual orientation. Use of language in a manner intended to demean, degrade, or harass.

Incident: An event or crisis that may compromise the safety and security of staff and residents, and requires staff response and written documentation. Such events occur within the facility (although they may be precipitated by events outside the facility) and may involve staff, youth, or others. Examples include assaults, escapes, evacuations, vehicular accidents, abuse/neglect, disturbances, or riots. Incident also refers to situations of environmental risk, such as broken glass, blocked emergency exits, etc. Some incidents may be resolved without injury to staff or residents. However, some incidents may result in injury, the use of restraint(s), and/or the filing of misconduct charges that may result in punitive sanctions to youth or disciplinary action to staff.

Injury: Any instance in which a youth, staff member, or visitor is hurt even if treatment is not provided. This includes minor injuries such as scratches or swellings, injuries from assaults/fights, accidental injuries from playing sports or other environmental hazards, and cases where a youth or staff member is injured during the application of restraints.

Intake Watch: Use of room confinement to provide a period of dedicated observation for a youth who has been newly admitted to the facility.

Intervention: Actions taken by the staff to respond to youth behavior. One or more interventions may be applied to a youth.

Isolation: Any instance when a youth is confined alone for over 15 minutes in a room other than the room or cell in which he or she usually sleeps. *For the purposes of PbS data collection, this does not include protective isolation (for injured youths or youths whose safety is threatened), program separation, routine isolation at the time of the youth's admission, or isolation that is requested by the youth. (See also Room confinement)*

Lost Keys: Any keys, personal or work related, that are lost on site or work site keys which are lost off-site.

Lost Tools: Any tools lost on the work site.

Mechanical Restraints: Mechanical devices used to prevent an uncontrollable youth from injuring himself/herself or others. Examples of mechanical restraints include handcuffs, ankle chains, and padded or soft restraints.

Med Count Error: When the number of dosages of a labeled medication package is noticed to not correspond with the recorded amount on the Medication Administration Record. For example, if there were 30 doses of antibiotic X and documentation that 5 had been dispensed, a count should result in 25 remaining doses. If the count was not equal to 25, this would be a med count error.

Medical Attention: Medical treatment dispensed by a physician, nurse, or physician's assistant, or at WJ Maxey Boys Training School (a Medical First Responder (MFR)).

Medical Watch: Use of room confinement for a youth who is unable to participate with their group for medical reasons (e.g. flu).

N: In this module, N is an algebraic term used to indicate the number of items, persons, or events that occur. Rather than repeat similar requirements for the first, second, third, and more times in the module requirements, the term N is used and the value N is then defined. For example, if four data fields describe an event in the module and the event may require documentation 10 times, rather than document the four fields 10 times, the fields are documented N times where N can equal any number of times between 1 and 10.

Noncompliant in Program: A youth's refusal to obey facility rules or staff directions that results in an unsafe environment, and rises to the level of an incident. (See also Failure to Comply).

PbS Youth ID: A random number assigned to youths by the facility. For BJJ purposes, the youth JJIS ID will be the PbS Youth ID.

Physical Restraints: Facility authorized and trained holds used by staff to subdue an otherwise uncontrollable youth in order to prevent the youth from injuring himself or herself.

Primary Person Involved (PPI): A selection applied to one person in the incident report. Primary person involved (PPI)is the major driving force behind the cause of the incident. Normally PPI is a youth, but in the case of staff accidents or visitors, PPI can be staff or other persons. For fights, which are mutually instigated, PPI should be assigned arbitrarily unless it is obvious who should be PPI. The assignment of PPI in a fight does not of itself imply greater guilt or fault, and should not be used to justify more severe disciplinary consequences.

Property Damage: Willful destruction, damage or misuse of property belonging to the State, County, or another individual. Destruction of clothing, books, and other items and materials issued to youth as part of their stay at the facility is considered property destruction.

Other: All individuals who are not either resident youth nor full-time facility staff. "Others" may include student interns, guests, visitors, contractual staff, and non-facility state/county employees (such as JJS workers).

Other Contraband: An incident report checkbox to be checked when contraband other than weapons or illegal/drug/alcohol is discovered. For example, unauthorized food in a youth's room would be other contraband.

Qualified Staff: Unless otherwise specified, the term "qualified staff" refers to workers who meet the federal, state or local qualifications to perform a certain facility function (e.g., administer a health assessment.)

Refused Medication: Any time a youth refuses prescribed medication regardless of the reason for the refusal.

Room Confinement: Instances in which a resident is confined for cause or punishment in the room or cell in which he or she usually sleeps (own room), rather than being confined in an isolation cell or room. Resident maybe transferred to a designated unit for confinement (e.g., a segregation or program separation unit.) Room confinement may occur in locked or unlocked rooms but cannot occur in large dormitories. (See also Isolation)

Scarring: See Tattooing/Scarification.

Self-Injurious Behavior/Self-Harm: Youth engaged in behavior that causes harm and is indicative of a youth not effectively dealing or coping with the events and activities. *Youth engaged in self-injurious behavior need to be referred for additional mental health services and require increased frequency of monitoring and supervision.* The various methods by which individuals injure themselves, such as self-laceration, self-battering, taking overdoses, or exhibiting deliberate recklessness. (See Suicidal Behavior and Suicidal Ideation below.)

Sexual Misconduct: Any sexual language or behavior, whether assaultive or not, occurring between youth and youth, youth and staff, or between youth and other persons.

Staff Directed Restraint: Any restraint conducted by a peer group on a peer which is directed and supervised by a staff member.

Staff Involved in an Incident: Staff who are present and participating in the incident as indicated by their actions and/or verbal behavior.

Staff Restraint: Any physical restraint executed by staff members only.

Suicidal Behavior: Suicidal behavior includes attempted suicides, suicidal gestures, self-mutilations, intentional injuries to self, and developing a plan or strategy for committing suicide. Unlike suicidal ideation, suicidal behavior usually involves some overt action or thought by youths, indicating intent to injure or kill themselves. Suicidal behavior does not include tattooing or gang rituals involving scratching or cutting (scarification) (see Injury). All other instances of self-mutilation and of suicidal gestures must be classified as "suicidal behavior" because it is impossible for facility staff to know the youth's true motivation.

Suicidal Ideation: Self-reported thoughts of engaging in suicide-related behavior. This means a youth verbally expresses thoughts or fantasies about committing suicide or verbally expresses a desire to kill himself or herself. This does not include cases where the youth develops a plan or strategy for committing suicide, because planning suicide is considered suicidal behavior.

Tattooing/Scarification: Self-inflicted, or youth-to-youth, permanent marking or cutting for the purposes of adornment and/or expression of gang affiliation. This behavior is counted as an Injury.

Theft: Taking property without the permission of the rightful owner.

Tools: Any instrument of work – such as a screwdriver or hammer – that is not commonly found in the possession of a resident youth and is considered to be contraband.

Transport: Used in the context of youth restraint; transport coded restraints are distinct from behavior restraints. A restraint for transport involved the use of restraints for a brief period of time for on-campus or intra-facility movement where the youth is otherwise stable and compliant, but the staff exercises personal discretion to apply restraints.

Weapons: Any item, whether traditional or locally created, where use is intended to cause harm and may be used to threaten the safety of others. Guns, ammunition, explosives, knives, sticks, sharpened toothbrush handles, sharp points fashioned from the metal band off a pencil, shards of ceramic, cutlery/silverware etc., should all be considered as weapons.

Youths Involved in an Incident: Youths who are present and participating in the incident as indicated by their actions and/or verbal behavior.

INCIDENT REPORT EXTRACTION INFORMATION FOR SEMIANNUAL TRANSFER OF JJIS INCIDENT REPORT DATA TO PERFORMANCE BASED STANDARDS (PBS)

Data transfer has traditionally been a team effort between JJIS staff, the JJIS contractor, and the PbS subcontractor. The PbS subcontractor provides a Data Transfer Packet consisting of an explanatory cover letter, an Access database, and a PbS Incident Report form with column names mapped to the questions on the form. The Data Transfer Packet is intended to make data elements fairly transparent and intended to simplify staff efforts in migrating data from JJIS to PbS.

As of the date of this document, the following BJJ residential treatment facilities participate in PbS:

Adrian Training School
Bay Pines
Nokomis Challenge Center
Shawono Center
Woodland West (composed of Woodland Center pods 1,2,4,5)
Woodland East (composed of Woodland Center pods 6-10_

This document will attempt to anticipate other questions that you may have.

General Datatypes
The database was built using an extract from the production SQL Server 2000 instance, excluding extraneous data elements that will be supplied by NAC upon receipt of your facility's data. To simplify the process of data entry, we have eliminated the existence requirements for all columns with the exception of the primary and foreign keys. All Bit datatypes are related to checkboxes on the collection form. A null value or value of zero (0) is to be used when recording the checkbox as _not checked_.

In the new PbS database, the GUID datatype is being used as the primary key for all tables in the Incident Report database. Consequently, the IncidentReportID primary key is a GUID, and is referenced as a foreign key from the Injury, Restraint and Confinement tables. If your data migration cannot support a GUID datatype, you may change those columns to be an integer, and NAC will be responsible for the translation. It will still be necessary for your facility to maintain the referential integrity of the child tables.

IncidentReport Table

The IncidentReport table is the "main" table, representing the first page of the printed Incident Report, as found online at http://www.PbStandards.org/Resources. All fields in this section are explicitly recorded in the IncidentReport table, with the following exceptions:

- The *DateTimeOfIncident* column is recording both the *"Date incident occurred"* and the time.
- If the *"Number of youth involved"* or the *"Number of staff involved"* is not recorded, the YouthsInvolved and StaffInvolved columns (respectively) may be left null, or may have a value of -1.

IncidentRestraint Table

All of the answers recorded in the second section of the Incident Report ("Restraints") are to be recorded in the IncidentRestraint table. Each unique entry is to have a unique identifier for that record, represented by the IncidentRestraintID (GUID). Each record must reference a record in the IncidentReport Table, represented by the foreign key IncidentReportID (GUID).

IncidentInjury Table

All of the answers recorded in the third and fourth sections ("Injuries" and "Seen by Medical") are to be recorded in the IncidentInury table. When recording an Injury, the RecordType field should be set to the character "I" (without quotes). When recording a Medical event, the RecordType field should be set to the character "M" (without quotes). For an Injury record, the *Restraint Type Used* is to be recorded in the InjurySourceName column, and the InjuredPerson column is expected to be empty. Each record must reference a record in the IncidentReport Table, represented by the foreign key IncidentReportID (GUID).

IncidentConfinement Table

All of the answers recorded in the fifth section ("Confinement") are to be recorded in the IncidentConfinement table. When recording an *Isolation and Room Confinement* record, the RecordType field should be set to the character "I" (without quotes) when the record is an Isolation type, and a "C" when the record is a Confinement type. When recording a *Segregation Dorm or Special Management Unit* record, the RecordType field should be set to the character "S". Only the latter records will be expected to have an AverageRecreation or AverageProgramming value. Each record must reference a record in the IncidentReport Table, represented by the foreign key IncidentReportID (GUID).